2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N95000001524

Entity Name: HOLLYDOGS GREYHOUND ADOPTION, INC.

Current Principal Place of Business:

1600 S. DIXIE HWY.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1600 S. DIXIE HWY.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0580498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZI, SILVANA
1600 S. DIXIE HWY.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CORTELLA, SERGIO
Address: 1600 S. DIXIE HWY.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: RIZZI, SILVANA
Address: 1600 S. DIXIE HWY.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: GACEL, YAMIL
Address: 1100 O'DAY DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: HELEN, -SMETS
Address: 1934 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: BEAIRD, PAUL
Address: 1070 WILLOW AVE
City-St-Zip: CINCINNATI, OH 45246

Title: D ( ) Delete
Name: BOARD, CAROL
Address: 1070 WILLOW AVE.
City-St-Zip: CINCINNATI, OH 45246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BEAIRD, CAROL
Address: 1070 WILLOW AVE.
City-St-Zip: CINCINNATI, OH 45246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA RIZZI D 03/30/2009

Electronic Signature of Signing Officer or Director — Date