2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# N96000004095

Entity Name: PET ANIMAL TRUST, INC.

Current Principal Place of Business:

1109 CORAL REEF DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1109 CORAL REEF DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0698333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOROLY, KAAREN
1109 CORAL REEF DRIVE
PORT ST. LUCIE, FL 34983 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: PD ( ) Delete
Name: KOROLY, KAAREN
Address: 1109 CORAL REEF DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VSD ( ) Delete
Name: MCCONNAUGHHAY, LOIS
Address: 1119 SE CORAL REEF STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSTD ( ) Delete
Name: WATERS, CLAIRE
Address: 262 NW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

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:

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: KAAREN KOROLY PD 08/20/2009
Electronic Signature of Signing Officer or Director Date