2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002619

Name:

Address:

City-St-Zip:

BURKE, TIM

7814 MONTEZUMA TRAIL

ORLANDO, FL 32825

Entity Name: OSCEOLA ANIMAL RELIEF, INC.

Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7814 MONTEZUMA TRL ORLANDO, FL 32825 **Current Mailing Address: New Mailing Address:** 7814 MONTEZUMA TRL ORLANDO, FL 32825 US FEI Number: 59-3452953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SARULLO, JUDITH M. 7814 MONTEZUMA TRAIL ORLANDO, FL 32825 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SARULLO, JUDITH Name: Name: Address: 7814 MONTEZUMA TRAIL Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: KOHNKEN, SHERRIE Name: Address: 1701 TERRA COTA COURT Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: () Change () Addition VENTURINO, MARY Name: Name: 7933 CHAD COURT Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: () Delete Title: TD Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH M. SARULLO PD 04/29/2004