


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90193 001 ****61.25

DOCUMENT # N98000000054					
1. Entity Name PET THERAPY, INC.					
Principal Place of Business 2128 HYDE PARK CIRCLE SARASOTA, FL 34239			Mailing Address 2128 HYDE PARK CIRCLE SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0805446	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALEXANDER, KATHY M 2128 HYDE PARK CIRCLE SARASOTA, FL 34239			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMELDORPH, HOWARD R			NAME	
STREET ADDRESS	7648 LOCKWOOD RIDGE ROAD			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, JAIME			NAME	
STREET ADDRESS	428 E LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, MARTI			NAME	
STREET ADDRESS	2543 W BURR OAK CT			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	
TITLE	CHD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRILL, DEBRA			NAME	
STREET ADDRESS	1654 SPRING CREEK DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALELX, HAVAS			NAME	
STREET ADDRESS	2733 ORCHID OAKS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete <i>ok</i>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, KATHY <i>ok (keep)</i>			NAME	
STREET ADDRESS	3605 57TH AVE DR W			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kathy M. Alexander</i>				Date: <i>4-20-07 (e.u.) 358-2225</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	