

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N98000000054

Entity Name: PET THERAPY, INC.

Current Principal Place of Business:

2128 HYDE PARK CIRCLE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2128 HYDE PARK CIRCLE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0805446 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:

ALEXANDER, KATHY M
2128 HYDE PARK CIRCLE
SARASOTA, FL 34239 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: TD () Delete
Name: WOMELDORPH, HOWARD R
Address: 7648 LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243 US

Title: VD () Delete
Name: WARREN, JAIME
Address: 428 E LAKE DR
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: STEPHAN, MARTI
Address: 2543 W BURR OAK CT
City-St-Zip: SARASOTA, FL 34232

Title: CHD () Delete
Name: MORRILL, DEBRA
Address: 1654 SPRING CREEK DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Delete
Name: ALELX, HAVAS
Address: 2733 ORCHID OAKS DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: COON, KATHY
Address: 3605 57TH AVE DR W
City-St-Zip: BRADENTON, FL 34210

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: () 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: KATHY M. ALEXANDER

RA

05/13/2009

Electronic Signature of Signing Officer or Director

_____ Date