

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000054

FILED
Mar 15, 2011
Secretary of State

Entity Name: PET THERAPY, INC.

Current Principal Place of Business:

2128 HYDE PARK CIRCLE
SARASOTA, FL 34239

New Principal Place of Business:

3117 47TH STREET
SARASOTA, FL 34234

Current Mailing Address:

2128 HYDE PARK CIRCLE
SARASOTA, FL 34239

New Mailing Address:

3117 47TH STREET
SARASOTA, FL 34234

FEI Number: 65-0805446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: STEPHAN, MARTI
Address: 2543 W BURR OAK COURT
City-St-Zip: SARASOTA, FL 34232 US

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

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

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

Title: D
Name: HAVAS, ALEXANDRA
Address: 2543 W. BURR COURT
City-St-Zip: SARASOTA, FL 34232

I hereby 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 all other like empowered.

SIGNATURE: KATHY M. ALEXANDER

CEO

03/15/2011

Electronic Signature of Signing Officer or Director

Date