2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # P01000077799 **Secretary of State** PAWS UP INC ٦ þ al Place of Business Mailing Address 1905 KNOX MCRAE DR TITUSVILLE FL 32780 TX MCRAE DR TILLE FL 32780 e of Business 3. Mailing Adds 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 59-3739286 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVENUTI, LOUIS Street Address (P.O. Box Number is Not Acceptable) 100 ORANGE ST TITUSVILLE FL 32796 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8 above named entity submits this statement with, and acces olioations of registered agent. S (NOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 ter May 1, 2006 Fee Will Be \$550.00 \$5.00 May € 9. Election Campaign Financing Trust Fund Contribution. Added to Fees heck Payable to Florida Department of State 1 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Deicte T ☐ Change ☐ Addia. TITLE N VESTER, KAREN A S 5641 SPARROWS WOOD DR STREET ADDRESS U00000397524 01/30/06=<mark>200</mark>52-0 C TITUSVILLE FL 32780 CITY-ST-ZIP 77 Delete me 33 NAME S STREET ADDRESS CITY - ST- ZIP 71 Dolete ☐ Change □ A ' "" N NAME S STRLET ADDRESS Ct CITY-ST-ZIP 77 THILE ☐ Channe DA: Delete N SMAKE Sī STREET ADDRESS CI CITY-ST-ZIP 11 ☐ Delete TATLE ☐ Change N MAME SI STREET ADDRESS Ct CITY-ST-ZIP 15 ☐ Detete ☐ Change The state Ŋ, NAME Sī STREET ACCORESS Ci CITY-ST-ZIP broby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fforida Statutes. I further certify that the information dicated 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 anged, or on an attachment with an address, with all other like empowered.

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