


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90043 001 \*\*\*150.00

<b>DOCUMENT # P01000077799</b>		
1. Entity Name <b>TWO PAWS UP INC</b>		

Principal Place of Business <b>1905 KNOX MCRAE DR TITUSVILLE, FL 32780</b>	Mailing Address <b>1905 KNOX MCRAE DR TITUSVILLE, FL 32780</b>
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2. Principal Place of Business - No P.O. Box # <b>1508 GARDEN ST</b>	3. Mailing Address <b>1508 GARDEN ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TITUSVILLE, FL</b>	City & State <b>TITUSVILLE, FL</b>
Zip <b>32796</b>	Country <b>BREVARD</b>
Zip <b>32796</b>	Country <b>BREVARD</b>

6. Name and Address of Current Registered Agent <b>VENUTI, LOUIS 400 ORANGE ST TITUSVILLE, FL 32796</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

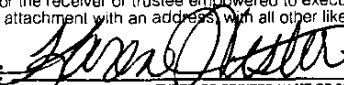
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VESTER, KAREN A 5641 SPARROWS WOOD DR TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:**  **2/13/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # \_\_\_\_\_

40016400



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