2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P02000042781 04-30-2007 90418 021 ***150.00 FANCI-PAWS OF BREVARD, INC. Principal Place of Business Mailing Address 460 MOHAWK TRAIL 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 01-0680809 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIQUORI, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ۷P ☐ Addition X Change PTSD ☐ Delete TITLE TITLE Anita S. McDaniel NAME LIQUORI, ANTHONY J NAME 315 Magnolia Avenue STREET ADDRESS STREET ADDRESS 460 MOHAWK TRAIL Merritt Island, FL 32952-4817 CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP Change ☐ Addition VD ☐ Defete TITLE MCDANIEL, ANITA S NAME NAME STREET ADDRESS PO BOX 541539 STREET ADDRESS MERRITT ISLAND, FL 32954 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered.

FILED