2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P02000060666

Entity Name: PALM CITY FOX TAILS, INC.

Current Principal Place of Business:

8319 PINE TREE LANE
LAKE CLARKE SHORES, FL 334067847

New Principal Place of Business:

8319 PINE TREE LANE
LAKE CLARKE SHORES, FL 334067847 US

Current Mailing Address:

8319 PINE TREE LANE
LAKE CLARKE SHORES, FL 334067847 US

New Mailing Address:

FEI Number: 04-3677304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACLEOD, DON M
8319 PINE TREE LANE
LAKE CLARKE SHORES, FL 334067847 US

Name and Address of New Registered Agent:

MACLEOD, DONALD M
8319 PINE TREE LANE
LAKE CLARKE SHORES, FL 334067847 US

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: DONALD M. MACLEOD 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACLEOD, DON M
Address: 8319 PINE TREE LANE
City-St-Zip: LAKE CLARKE SHORES, FL 334067847

Title: S ( ) Delete
Name: HARRISON, JAMES A
Address: 8319 PINE TREE LANE
City-St-Zip: LAKE CLARKE SHORES, FL 334067847

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACLEOD, DONALD M
Address: 8319 PINE TREE LANE
City-St-Zip: LAKE CLARKE SHORES, FL 334067847 US

Title: S (X) Change ( ) Addition
Name: HARRISON, IBIS
Address: 6001 WHITE TAIL LANE
City-St-Zip: JUPITER, FL 33458 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. MACLEOD P 03/31/2009
Electronic Signature of Signing Officer or Director Date