2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000024675** 08-23-2004 90020 017 ***150.00 1. Entity Name PREMIUM PETS, INC. Principal Place of Business EUUUUUUT 1100 NE JENSEN BEACH BLVD. 1100 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 US 2. Principal Place of Business 100 N.E. JENSEN BC4 BU 3. Mailing Address Suite: Apt: #Feto:--08182004 CR2E034 (10/03) Chg-P City & State City & State Applied For Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired ᠐ᢅᡘᠫ_ᢙ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, GARY Street Address (P.O. Box Number is Not Acceptable) 1100 NE JENSEN BEACH BLVD. JENSEN BEACH, FL-34957 City FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ROSENBERG, GARY NAME NAME STREET ADDRESS 1100 NE JENSEN BEACH BLVD. STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change - Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change [] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the like empowered.

FILED