## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2007 8:00 am Secretary of State DOCUMENT # P03000036985 1. Entity Name 01-29-2007 90072 030 \*\*\*150.00 LIL' RASCALS PET SITTING, INCORPORATED Principal Place of Business Mailing Address 15696 76TH TRL N P. O. BOX 33063 60008142 PALM BEACH GARDENS, FL 33418 PALM BCH GARDENS, FL 33420 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5500 mil Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) SUITE City & State 4. FEI Number Applied For 57-1162453 Not Applicable Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEVERLY, ANNETTE L Street Address (P.O. Box Number is Not Acceptable) 15696 76TH TRAIL NORTH PALM BCH GARDENS, FL 33418 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 .10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE BEVERLY ANNETTE L. Dichange Addition 5500 M; L; TARY TRAIL, SUITE #22 - 200 □ Delete TITLE ☐ Addition NAME BEVERLY, ANNETTE L NAME STREET ADDRESS 15696 76TH TRL N STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP TITLE TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutas, 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 attaching it with an address, with all other like empoyered.