2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # P04000169929 RELIEF FOR PAWS, INC. Principal Place of Business Mailing Address 294 LAUREL HOLLOW DRIVE 294 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 NOKOMIS, FL 34275 01102007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2032385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PUTNAM, LAURIE A DO NOT WRITE 294 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 IN THIS SPACE 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. Signature, typed or printed name of registered agent and bite if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PUTNAM, LAURIE 294 LAUREL HOLLOW DRIVE STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 TITLE U00000715646 04/27/07-80073-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 in changed, or on an attachment with an address, with effective reference.

SIGNATURE: 💆

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE PUTWAM

4-15-07

484-8786

FILED