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Jul 03, 2006 8:00 am
Secretary of State

05-01-2006 90373 043 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000012503																																																																																							
1. Entity Name X PET PEE, INC.																																																																																							
Principal Place of Business 4106 NW 78TH TERR CORAL SPRINGS, FL 33085		Mailing Address 4106 NW 78TH TERR CORAL SPRINGS, FL 33065																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
4. Name and Address of Current Registered Agent MARTIN, MEIR 4100 N POWERLINE RD SUITE Q10 POMPANO BEACH, FL 33073		5. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																					
6. The above name I only submit this statement for the purpose of changing to 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, name or printed name of registered agent who also is incorporator NOTE: Registered Agent signature required when registering DATE																																																																																							
FILE MONTHLY FEE IS \$150.00 After May 1, 2008 Fee will be \$250.00		7. Election Campaign Financing True Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																					
<table border="1"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> <th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>DP</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>MARTIN, MEIR</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4101 NW 78TH TERR</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33085</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		TITLE	DP	TITLE		NAME	MARTIN, MEIR	NAME		STREET ADDRESS	4101 NW 78TH TERR	STREET ADDRESS		CITY - ST - ZIP	CORAL SPRINGS, FL 33085	CITY - ST - ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished on this report or supplemental report is true and acknowledged 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 prepare this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like information.																																																																																							
SIGNATURE: _____		_____																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		FILED																																																																																					

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