7/28/2008-90031-029-$150.00-$150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 22 PM 1:37

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000114845

1. Entity Name
FURRY TALES, INC.

Principal Place of Business	Mailing Address
3085 CAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066-2120	3085 CAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066-2120

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3085 Carambola Circle S	3085 Carambola Circle S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, Fl	City & State: Coconut Creek
Zip: 33066 Country: USA	Zip: 33066 Country: USA

4. FEI Number 20-3329693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, KAREN
3085 CAMBOLA CIR SOUTH
COCONUT CREEK, FL 33066

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 3085 Carambola Circle S.
City Coconut Creek FL Zip Code 33066

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 X Karen Levine — X 7/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, KAREN 3085 CAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 330662120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/22/08	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Karen Levine — X 7/20/08 954-970-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #