


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000009716</b>	
1. Entity Name <b>PETSCRIPT AMERICA INC.</b>	
	
Principal Place of Business <b>904 E PRIMA VISTA BLVD SUITE 200 PORT SAINT LUCIE, FL 34952</b>	Mailing Address <b>904 E PRIMA VISTA BLVD SUITE 200 PORT SAINT LUCIE, FL 34952</b>



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2556269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TROWBRIDGE, WARREN K 2421 SE BAHIA WAY STUART, FL 34996</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES TROWBRIDGE, WARREN K 2421 SE BAHIA WAY STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TROWBRIDGE, WARREN K 2421 SE BAHIA WAY STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC TROWBRIDGE, WARREN K 2421 SE BAHIA WAY STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA TROWBRIDGE, WARREN K 2421 SE BAHIA WAY STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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02/21/08-80081-006 150.00

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:**  **2/8/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #