2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # P06000019722 1. Entity Name ANIMAL INSPIRATIONS, INC.							01-30-2008 90031 014 ***150.00				
Principal Place 600 SE 28T POMPANO E	H AVENUE		Mailing Address 600 SE 28TH AVENUE POMPANO BEACH, FL 33062			US		40013713			
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01222008	01222008 Chg-P CR2E034 (12/06)			
City & Stat	te		City & State			****		4. FEI Number Applied For 20-4301976 Not Applied			
Zip	p Country			Zip Count				5. Certificate of Status Desired S8.75 Fee Req			litional
	6. Name	and Address of Curren	t Registered A	gent	•		7. Name and	Address of New Re	gistered Ag	ent	•
CORPORATION SERVICE COMPANY						Name Kathy L. Cline					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)					
	,					SE 28t	h Avenue		7: 0		
						Pompano Beach FL Zip Code 33062					062
the obligat	tions of regist	y submits this statement fered agent. Kath or printed name of registered age	I and little if applicate	ن		od office or registe		th, in the State of Flor		niliar with,	and accept
		FEE IS \$150.00 8 Fee will be \$550	1 -	Election Campai Trust Fund Conti	-	· _ •	5.00 May Be Ided to Fees				
10.					11.		ADDITIONS	CHANGES TO OFFIC	CERS AND D	RECTORS	3 IN 11
TITLE					TITUE					Change	Addition
STREET ADDRESS	!				1	ET ADORESS					
CHTY-ST-ZIP	POMPANO BEACH, FL 33062					·ST-ZIP					
TITLE	☐ Delete TIT.] Change	Addition
NAME	NAJ										
STREET ADDRESS CITY-ST-ZIP						ET ADCRESS ST-ZIP					
TITLE		m-1-1-1		☐ Delete	TITLE					Change	Addition
NAME		•		<u> </u>	NAME				L	_ Change	Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
TITLE NAME				☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE	•			☐ Delete	TITLE				Ë	Change	Addition
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP						T ADORESS ST-ZIP					
TITLE				☐ Delete	TITLE) Change	☐ Addition
NAME					NAME	1			-	3"	
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP	artifuthat the	intermation associated with	this files d==	on not availed to		ST-ZIP	die Charter 122	Elevisio Character 17	-46	15 - 5 - 4 - 1 - 1 - 1 - 1	(
indicated of the corp	on this report poration or the	information supplied with for supplemental report is e receiver or trustee empl chment with an address.	s true and accu owered to exec	urate and that moute this report a	v signati	ire shall have the	same legal effect	t as if made under oa	th: that I am	an officer o	or director

X 1-27-08

X 954-185-1322

Daytime Phone #