

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094811

FILED
Mar 01, 2007
Secretary of State

Entity Name: FOUR PAWS ON THE GO, INC.

Current Principal Place of Business:

834 SECOND ST.
PORT ORANGE, FL 32129 US

New Principal Place of Business:

4374 S. RIDGEWOOD
PORT ORANGE, FL 32127 US

Current Mailing Address:

834 SECOND ST.
PORT ORANGE, FL 32129 US

New Mailing Address:

4374 S. RIDGEWOOD
PORT ORANGE, FL 32127 US

FEI Number: 20-5221639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICKS, ASHLEY M
834 SECOND ST.
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

CAVARRETTA, ASHLEY M
4374 S. RIDGEWOOD
PORT ORANGE, FL 32127 US

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.

SIGNATURE: ASHLEY M. CAVARRETTA

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRICKS, ASHLEY M
Address: 834 SECOND ST.
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAVARRETTA, ASHLEY M
Address: 4374 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY M. CAVARRETTA

P

03/01/2007

Electronic Signature of Signing Officer or Director

Date