2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104360

Entity Name: GROOVY CATS & DOGS INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8548 N. DALE MABRY HWY., SUITE 1A 10213 LAKE CARROLL WAY TAMPA, FL 33614

STE B

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

8548 N. DALE MABRY HWY., SUITE 1A 10213 LAKE CARROLL WAY

TAMPA, FL 33614 STE B

TAMPA, FL 33618

FEI Number: 20-5356302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUIBERT, ALBERT GUIBERT, ALBERT 8548 N. DALE MABRY HWY., SUITE 1A 10213 LAKE CARROLL WAY TAMPA, FL 33614 STE B

TAMPA, FL 33618 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: 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete GUIBERT, YVONNE

Name: 8548 N. DALE MABRY HWY., SUITE 1A Address:

City-St-Zip: TAMPA, FL 33614

Title: VD () Delete Name: GUIBERT, ALBERT

8548 N. DALE MABRY HWY., SUITE 1A Address:

TAMPA, FL 33614 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

GUIBERT, YVONNE Name:

10213 LAKE CARROLL WAY, STE B Address:

City-St-Zip: TAMPA, FL 33618

Title: VD (X) Change () Addition

GUIBERT, ALBERT Name:

Address: 10213 LAKE CARROLL WAY, STE B

TAMPA, FL 33618 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: YVONNE GUIBERT PD 04/29/2009