2008 FOR PROFIT CORPORATION

Mar 13, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000067538** 03-13-2008 90040 003 ***150.00 KINDNESS PET CLINIC, INC. Principal Place of Business Mailing Address 21071 NE HWY 27 21071 NE HWY 27 WILLISTON, FL 32696 WILLISTON, FL 32696 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 26 - 0448 215 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPINK, RONALD Street Address (P.O. Box Number is Not Acceptable) 21071 NE HWY 27 WILLISTON, FL 32696 Zip Code 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: : , v., Co. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE BALD CTUP IS 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.4 11. TITLE Change ■ Addition TITLÉ ☐ Detete SPINK, RONALD NAME NAME 21071 NE HWY 27 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILLISTON, FL 32696 ☐ Change Addition Defete TITLE RONDA BPINK 2107 ME HWY 27 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W1241970N P 4 32696 CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP.

NO TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

FILED