2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080603

Entity Name: BEG PET SERVICES, INC.

FILED Apr 24, 2009 Secretary of State

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

3972 MEDITERRANEA CIRCLE SARASOTA, FL 342333328

Current Mailing Address: New Mailing Address:

P.O. BOX 8254 LONGBOAT KEY, FL 34228

FEI Number: 45-0572038 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:

COWART, PATRICIA Q

186 ROCKEFELLER DR

ORMOND BEACH, FL 32176 US

COWART, PATRICIA Q

3972 MEDITERRANEA CIRCLE

SARASOTA, FL 342333328 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: 04/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition COWART, PATRICIA Q COWART, PATRICIA Q Name: Name: 186 ROCKEFELLER DR. 3972 MEDITERRANEA CIRCLE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: SARASOTA, FL 342333328

 Title:
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 () Delete
 Title:
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 (X) Change () Addition

 Name:
 COWART, PATRICIA Q
 Name:
 COWART, PATRICIA Q

Address: 186 ROCKEFELLER DR. Address: 3972 MEDITERRANEA CIRCLE City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: SARASOTA, FL 342333328

Title: T () Delete Title: T (X) Change () Addition

Name:COWART, PATRICIA QName:COWART, PATRICIA QAddress:186 ROCKEFELLER DR.Address:3972 MEDITERRANEA CIRCLECity-St-Zip:ORMOND BEACH, FL 32176City-St-Zip:SARASOTA, FL 342333328

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: PATRICIA QUINN COWART PRES 04/24/2009