

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000098751

Entity Name: WOOF! ORLANDO, INC.

**FILED**  
**Nov 05, 2009**  
**Secretary of State****Current Principal Place of Business:**3019 EDGEWATER DR.  
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**606 CLAYTON ST.  
ORLANDO, FL 32804**New Mailing Address:**

FEI Number: 26-3566350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**OLDS, BRYCE  
606 CLAYTON STREET  
ORLANDO, FL 32804 US**Name and Address of New Registered Agent:**OLDS, SUSAN  
606 CLAYTON STREET  
ORLANDO, FL 32804 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: SUSAN OLDS

11/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: OLDS, BRYCE  
Address: 606 CLAYTON STREET  
City-St-Zip: ORLANDO, FL 32804Title: D ( ) Delete  
Name: OLDS, MICHELLE  
Address: 606 CLAYTON STREET  
City-St-Zip: ORLANDO, FL 32804Title: D (X) Delete  
Name: OLDS, SUSAN  
Address: 190 MOUNT HARMONY ROAD  
City-St-Zip: BERNARDSVILLE, NJ 07924**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change ( ) Addition  
Name: OLDS, SUSAN  
Address: 606 CLAYTON STREET  
City-St-Zip: ORLANDO, FL 32804Title: TREA (X) Change ( ) Addition  
Name: OLDS, MICHELLE  
Address: 606 CLAYTON STREET  
City-St-Zip: ORLANDO, FL 32804Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SUSAN OLDS

PRES

11/05/2009

Electronic Signature of Signing Officer or Director

Date