2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AFFORDABLE ANIMAL CARE CLINC, INC.

Current Principal Place of Business:

14561 PALM BEACH BLVD
SUITE 30
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50549
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 27-3963680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRASHEAR, GINA S
15200 BROKEN J RANCH RD
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: BRASHEAR, GINA S
Address: 15200 BROKEN J RANCH RD
City-St-Zip: FORT MYERS, FL 33905 US

Title: PRES
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City-St-Zip: FORT MYERS, FL 33905

Title: PRES
Name: BRASHEAR, GINA
Address: 15200 BROKEN J RAND RD
City-St-Zip: FORT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: GINA BRASHEAR PRES 01/06/2012

Electronic Signature of Signing Officer or Director — Date