2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000086200 1. Entity Name NATURALS FOR ANIMALS, INC.				FILED Apr 04, 2008 08:00 AN Secretary of State			
Principal Plac 514 37TH S ST. PETERSE							
DO NOT WRITE IN THIS SPACE				01092008 4. FEI Numbe 59-341: 5. Certificate		rn \$8.7	Applied For Not Applicable 5 Additional
·	6. Name and Address of Current Regis	tered Agent		ł		Feer	Required
DEUBLER, DIANE 3701 3RD AVENUE NORTH ST. PETERSBURG, FL 33713					NOT W THIS SP		
	e named entity submits this statement for the p	purpose of changing its registe	red office or register	red agent, or bot	h, in the State of Flo	rida. I am famili	ar with, and accept
the obligations of registered agent.							
	Signisture, typed or printed name of registered agent and life	f applicable. (NOTE: Regular	ed Ageni agniture required	t when reinstituing)		DATE	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	- 57 d- 19		
10. ППLE	OFFICERS AND DIRE		-				
NAME STREET ADORESS CITY-ST-ZIP	GRIFFIN, SUSAN 514 37TH ST. NORTH ST PETERSBURG, FL				000000 04/15/08-	880149 80050-004	150.00
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	SD DEUBLER, DIANE 3701 3RD AVE. NORTH ST PETERSBURG, FL				•	·	
TITLE NAME			· · ·	•			
STREET ADORESS CITY-ST-ZIP			ſ	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						• •	
TITLE NAME STREET ADORESS CITY-ST-ZIP						· .	
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 eddress, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGING OFFICER OR DIRECTOR Date Date Desc. Desc.							

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