FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra S. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 P97000047866 (3) DOCUMENT # ALL ABOUT LOVE PET SITTING SERVICE, INC. Principal Place of Business Mailing Address 2212 SHADOW WOOD LANE SARASOTA FL 34240 2212 SHADOW WOOD LANE SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 7638 Fairway Moods Dr 7638 Fairway Woods Dr Not Applicable 65-0781398 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Sarasota Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 34238 29 Personal Property Tax due June 30. []] Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 DURST, LEIGH 2212 SHADOW WOOD LANE Street Address (P.O. Box Number is Not Acceptable 82 SARASOTA FL 34240 1638 Fairway Woods 63 Zip Code 34238 Sorasota Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Both Lock Pros gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President Change Addition TITLE 1.1 TITLE Beth Loch NAME 1.2 NAME 7638 Fairway Woods Dr. STREET ADDRESS 1.3 STREET ADDRESS 34238 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with appears.

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition