2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2008 08:00 A Secretary of State DOCUMENT # P97000100081 1. Entity Name BLONDIE'S PAWS, INC. Principal Place of Business Mailing Address 1311 N FEDERAL HWY 1811 CLEAVLAND ST HOLLYWOOD, FL 33060 BACK APT HOLLYWOOD, FL 33020 No Cha-P CR2E034 (11/05) 02142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0798247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPANO, MICHAEL DO NOT WRITE **1811 CLEAVLAND STREET** HOLLYWOOD, FL 33020 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SPANO, MICHAEL STREET ADDRESS 1804 CLEVELAND ST HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS 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 execution in sequence of the corporation or the receiver or trustee empowered to execution in sequence or on an attachment with a diddress, with all other information.

SIGNATURE: 42

TITLE
NAME
STREET ADDRESS
C/TY-ST-ZIP

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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Dayuma Phone #

FILED