2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 04, 2004 8:00 am **Secretary of State DOCUMENT # P99000008494** 1. Entity Name 02-04-2004 90035 031 ***150.00 PURR-FERRED PETFOOD INC. Principal Place of Business Mailing Address 1700 S. DIXIE HWY. SUITE 502 1700 S.-DIXIE HWY. SUITE 502 54002970 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 134 N.W. 16 3. Mailing Address 134 N.W. 16 ST. Suite, Apt. #, etc. # 9 Suite, Apt. #, etc. #9 CR2E034 (11/03) SUITE SUITE City & State RATON 4. FEI Number Applied For 65-0892085 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESTER, TIMOTHY B SR Street Address (P.O. Box Number is Not Acceptable) 11396 SHILOH WAY **BOCA RATON FL 33428** Zip Code 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. TIMOTHY B. HESTER SR. **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete NAME HESTER, TIMOTHY MAME STREET ADDRESS 1700 S. DIXIE HWY., SUITE 502 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME RYAN, KEVIN NAME 6428 JOLIET RD #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COUNTRYSIDE IL 60525 CITY-ST-ZIP Change ☐ Addition TITLE Defete NAME: NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP