

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092855

FILED
Jul 08, 2005
Secretary of State

Entity Name: PAWPRINTS ANIMAL WELLNESS, INC.

Current Principal Place of Business:

3611 TREELINE DR
VALRICO, FL 33594

New Principal Place of Business:

7015 LITHIA PINECREST ROAD
LITHIA, FL 33547

Current Mailing Address:

3611 TREELINE DR
VALRICO, FL 33594

New Mailing Address:

2507 CENTENNIAL FALCON DRIVE
VALRICO, FL 33594

FEI Number: 59-3603828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, RAUL
3611 TREELINE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

RIVERA, RAUL
2507 CENTENNIAL FALCON DRIVE
VALRICO, FL 33594 US

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: RAUL RIVERA

07/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, RAUL
Address: 3611 TREELINE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: RIVERA, KELLY
Address: 3611 TREELINE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVERA, RAUL
Address: 2507 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change () Addition
Name: RIVERA, KELLY
Address: 2507 CENTENNIAL FALCON DRIVE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAUL RIVERA

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date