

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# N04000003797

**Entity Name:** UNITED ANIMAL WELFARE TRUST, INC.

**Current Principal Place of Business:**

18440 CARIBBEAN BLVD.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18440 CARIBBEAN BLVD.  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCIACOVELLI, ANTHONY  
18440 CARIBBEAN BLVD.  
MIAMI, FL 33157    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Change (X) Addition  
Name:                      SCIACOVELLI, ANTHONY PRES.  
Address:                      18440 CARIBBEAN BLVD  
City-St-Zip:                      MIAMI, FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SCIACOVELLI

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date