2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000088555

Entity Name: TIMBERLANE PET HOSPITAL & RESORT, INC.

Current Principal Place of Business:

506 N ALEXANDER STREET
PLANT CITY, FL 33563

New Principal Place of Business:

4719 CITRUS HAVEN PLACE
PLANT CITY, FL 33567

Current Mailing Address:

506 N ALEXANDER STREET
PLANT CITY, FL 33563

New Mailing Address:

4719 CITRUS HAVEN PLACE
PLANT CITY, FL 33567

FEI Number: 20-3087516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, DAVID H
506 N ALEXANDER STREET
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

POULIN, CHRISTINA L
4719 CITURS HAVEN PLACE
PLANT CITY, FL 33567 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: CHRISTINA L. POULIN, DVM 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POULIN, CHRISTINA
Address: 4719 CITRUS HAVEN PLACE
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete
Name: POULIN, CHRISTOPHER
Address: 4719 CITRUS HAVEN PLACE
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTINA L. POULIN, DVM D 04/27/2006
Electronic Signature of Signing Officer or Director Date