2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000016029 1. Entity Name BAZELL'S PET WORLD , INC.								FILED 05 JUL -5 PM 2:53				
Principal Place of Business 2415 N. MONROE ST. SUITE 520 TALLAHASSEE, FL 32303			Mailing Address 2415 N. MONROE ST. SUITE 520 TALLAHASSEE, FL 32303					SECRE MAY UT STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0	7052005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4.	FEI Numbe	r PLICABLE			oplied For of Applicable
Zip	Country			Zip Coun		try	5.	. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Regis	tered Agent	7. Name and Address of New Registered Agent Name							
BAZELL, ROBERT J 2415 N. MONROE ST.					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 520 TALLAHASSEE, FL 32303												
						City				FL	Zip Cod	
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												
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campa Trust Fund Cont	ncing	\$5.00 Added to		In accordance corporation die				
10.	OFFICERS AND DIR					Α	ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAZELL, JONATHAN 2415 N. MONROE ST. STREE							4 0 07/12	00057 /050108	3 4 1 6021	□ Change 464 **150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete BAZELL, ROBERT J 2415 N. MONROE ST. TALLAHASSEE, FL 32303						SS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP					☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 supplied intal 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 of the receipt of the receipt of the second of the corporation of the receipt of the receipt of the second of the corporation of the receipt of the receipt of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachors with an autres, with all other like empowered.												
SIGNAT	URE: _	SIGNATURE AND TYPED OR		NAME OF SIGNING OFFICER	OR DIRECT	TOR		//	Date		laytime Phone #	