2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004058

City-St-Zip:

BRADENTON, FL 34209

Entity Name: ANIMAL NETWORK INC

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	2ND ST. W ON, FL 34205 US				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1201 1/2 42ND ST. W BRADENTON, FL 34205 US		8114 WOODLAWN CIR S PALMETTO, FL 34221 US			
FEI Number:	: FEI Num	ber Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1201 1/2 4 BRADENT The above		nis statement for the	purpose of changing its register	ed office or registered agent, or both	
in the State	e of Florida.				
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () Delete CRAWFORD, LAURIE 1201 1/2 42ND ST. W BRADENTON, FL 34205		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D () Delete RUSSELL, HILDY 8114 WOODLAWN CIRCL PALMETTO, FL 34221	ES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/D () Delete KOLZE, SUE 610 IXORA AVE ELLENTON, FL 34222		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOD () Delete SAMPSON, JOANNE 2380 33RD AVE. DR. W BRADENTON, FL 34205		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () Delete KINNAN, LINDA 304 69TH ST NW		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: HILDY RUSSELL T/D 01/11/2005