


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 019 ****61.25

DOCUMENT # 763212	
1. Entity Name VOLUNTEER SERVICES FOR ANIMALS, INC.	

Principal Place of Business LOUISE MARO 2860 SHERMAN AVE. NAPLES FL 34120 US	Mailing Address P.O BOX 110727 NAPLES FL 34108 US
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2. Principal Place of Business <i>Ruth Sterling</i>	3. Mailing Address <i>2434 Golden Gate Blvd W</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State <i>Naples FL</i>	City & State	4. FEI Number 59-2197365	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34117</i>	Country <i>USA</i>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHBY, MICHAEL 3148 ANDORRA COURT NAPLES FL 34109		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARD, LOUISE			NAME	<i>Ruth Sterling</i>		
STREET ADDRESS	2860 SHERMAN AVE.			STREET ADDRESS	<i>2434 Golden Gate Blvd W</i>		
CITY-ST-ZIP	NAPLES FL 34120			CITY-ST-ZIP	<i>NAPLES FL 34120</i>		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHAREN, ASHER			NAME	<i>Phyllis Estes</i>		
STREET ADDRESS	1075 AUGUSTA FALLS WAY			STREET ADDRESS	<i>3334 BALBOA CIRCLE W</i>		
CITY-ST-ZIP	NAPLES FL 34119			CITY-ST-ZIP	<i>NAPLES FL 34105</i>		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEMP, MAGGIE			NAME	<i>JODI WALTERS</i>		
STREET ADDRESS	4834 DEVON CIRCLE			STREET ADDRESS	<i>3301 TAMiami TRAIL EAST, BLDG 311 FL</i>		
CITY-ST-ZIP	NAPLES FL 34112			CITY-ST-ZIP	<i>NAPLES FL 34112</i>		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALDSON, DIANE			NAME			
STREET ADDRESS	4980 TAMARIND RIDGE DRIVE			STREET ADDRESS	<i>5140 TAMARIND RIDGE DRIVE</i>		
CITY-ST-ZIP	NAPLES FL 34119			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASHBY, MICHAEL			NAME			
STREET ADDRESS	3148 ANDORRA COURT			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, MELANIE J			NAME			
STREET ADDRESS	3711 31ST AVE. S.W.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34117			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing 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 supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie Fields* *Melanie Fields* *4/2/05* *(739) 353-2760*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #