2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008857

Entity Name: BRATPACK RESCUE, INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1745 LAKE TERRACE DRIVE 36950 E. ELDORADO LAKE DRIVE

EUSTIS, FL 32726 US EUSTIS, FL 32736 US

Current Mailing Address: New Mailing Address:

1745 LAKE TERRACE DRIVE 36950 E. ELDORADO LAKE DRIVE

EUSTIS, FL 32726 US EUSTIS, FL 32736 US

FEI Number: 52-2413464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ZATTOLO, CHRISTINE R 24109 MINK ROAD ASTOR, FL 32102 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: () Change () Addition

 Name:
 ZATTOLO, CHRISTINE R
 Name:

 Address:
 24109 MINK ROAD
 Address:

 City-St-Zip:
 ASTOR, FL 32102 US
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition

Name: LENTINI, MARILYN Name: LENTINI, MARILYN

Address: 1745 LAKE TERRACE DRIVE Address: 36950 E. ELDORADO LAKE DRIVE

City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32736 US

Title: ST () Delete Title: ST (X) Change () Addition Name: RILEY, APRIL RILEY, APRIL

 Address:
 1508 S. COURT
 Address:
 1508 S. COURT

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32726 US

Address: 1745 LAKE TERRACE DRIVE Address: 36950 E. ELDORADO LAKE DRIVE

City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32736 US

Title: D VP () Delete Title: D VP (X) Change () Addition

Name: MCCLAIN, TERRI Name: MCCLAIN, TERRI

Address: 60999 S.W. GREEKSTONE LOOP Address: 60999 S.W. CREEKSTONE LOOP

City-St-Zip: BEND, OR 97702 City-St-Zip: BEND, OR 97702 US

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

SIGNATURE: MARILYN LENTINI P 01/18/2006