

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004058

FILED  
Jan 21, 2006  
Secretary of State

Entity Name: ANIMAL NETWORK INC.

## Current Principal Place of Business:

1201 1/2 42ND ST. W  
BRADENTON, FL 34205 US

## New Principal Place of Business:

## Current Mailing Address:

8114 WOODLAWN CIR S  
PALMETTO, FL 34221 US

## New Mailing Address:

9217 29TH STREET EAST  
PARRISH, FL 34219 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, LAURIE  
1201 1/2 42ND ST. W  
BRADENTON, FL 34205 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CRAWFORD, LAURIE  
Address: 1201 1/2 42ND ST. W  
City-St-Zip: BRADENTON, FL 34205

Title: T/D ( ) Delete  
Name: RUSSELL, HILDY  
Address: 8114 WOODLAWN CIRCLE S  
City-St-Zip: PALMETTO, FL 34221

Title: VP/D ( ) Delete  
Name: KOLZE, SUE  
Address: 610 IXORA AVE  
City-St-Zip: ELLENTON, FL 34222

Title: BOD ( ) Delete  
Name: SAMPSON, JOANNE  
Address: 2380 33RD AVE. DR. W  
City-St-Zip: BRADENTON, FL 34205

Title: S ( ) Delete  
Name: KINNAN, LINDA  
Address: 304 69TH ST NW  
City-St-Zip: BRADENTON, FL 34209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T/D (X) Change ( ) Addition  
Name: CRAWFORD, WENDY  
Address: 9217 29TH ST EAST  
City-St-Zip: PARRISH, FL 34219

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

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

SIGNATURE: WENDY CRAWFORD

TR

01/21/2006

Electronic Signature of Signing Officer or Director

Date