


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90284 041 \*\*\*\*70.00

<b>DOCUMENT # 715617</b>	
1. Entity Name <b>PET AID LEAGUE, INC.</b>	

Principal Place of Business <b>5950 W OAKLAND PARK BLVD SUITE 102 FT. LAUDERDALE, FL 33313 US</b>	Mailing Address <b>5950 W OAKLAND PARK BLVD SUITE 102 FT. LAUDERDALE, FL 33313 US</b>
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**14017296**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-7043297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ANDERSEN, SHEILA 2618 BARBARA DR FT. LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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)

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TZIGMAN, PEARL</b>		NAME <b>GAIL BARR</b>	
STREET ADDRESS <b>10408 NW 39 MANOR</b>		STREET ADDRESS <b>620 SE 7 AVE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS, FL 33065</b>		CITY-ST-ZIP <b>POMPANO BEACH, FL 33060</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HIRSCHFELD, BETH DVM</b>		NAME <b>BARBARA BANCER</b>	
STREET ADDRESS <b>3280 N 37 ST</b>		STREET ADDRESS <b>2160 NW 70 LANE</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP <b>MARGATE, FL 33063</b>	
TITLE <b>CSD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHERNOFF, GLORIA</b>		NAME	
STREET ADDRESS <b>533 MYRTLE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PLANTATION, FL 33317</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOPER, LORRAINE</b>		NAME	
STREET ADDRESS <b>2317 SE 14 ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH, FL 33062</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, SHEILA</b>		NAME	
STREET ADDRESS <b>2618 BARBARA DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>ADD.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARBARA BANCER</b>		NAME	
STREET ADDRESS <b>2160 NW 70 LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARGATE, FL 33063</b>		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:** Sheila Andersen **SHEILA ANDERSEN** 5/01/05 994/5253481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #