

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001542

FILED
Apr 17, 2006
Secretary of State

Entity Name: ANIMAL HEALTH SUPPLIES, INC.

Current Principal Place of Business:

6551 BROADWAY AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

1880 COUNTRY FARM DR.
NAPERVILLE, IL 60563 US

New Mailing Address:

FEI Number: 37-1406284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HEJNAL, DIRK
Address: 1880 COUNTRY FARM DR.
City-St-Zip: NAPERVILLE, IL 60563

Title: DP () Delete
Name: FOSTER, VERN
Address: 6551 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: BARD, ROBERT H
Address: 6551 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: DST () Delete
Name: MCCURDY, RAY
Address: 1880 COUNTRY FARM DRIVE
City-St-Zip: NAPERVILLE, IL 60563

Title: DVGM () Delete
Name: DYNNESEN, DENNIS MD
Address: 6551 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DVGM (X) Change () Addition
Name: DUPREE, JAMES MD
Address: 6551 BROADWAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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

SIGNATURE: RAY MCCURDY

DST

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date