## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96029

MELBOURN BCH, FL

City-St-Zip:

Entity Name: A BEST FRIEND'S ANIMAL CLINIC, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2990 HWY AIA MELB BEACH, FL 32951 US	2990 S HWY AIA MELB BEACH, FL 32951 US
Current Mailing Address:	New Mailing Address:
2990 HWY AIA MELB BEACH, FL 32951 US	2990 S HWY AIA MELB BEACH, FL 32951 US
FEI Number: 65-0009036 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Age	nt: Name and Address of New Registered Agent:
KLEIN, DEBRA 2990 S HWY AIA MELBOURNE BCH, FL 32951 US  The above named entity submits this statement fo in the State of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registere	· ·
Election Campaign Financing Trust Fund Contribution (	).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PT () Delete Name: KLEIN, DEBRA, Address: 2990 AIA City-St-Zip: MELBOURN BCH, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: V (X) Delete Name: KLEIN, WILLIAM L., Address: 2990 AIA	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 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 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: DEBRAKLEIN PT 01/17/2005