2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L02000008810

Entity Name: ANIMAL ANGELS LLC

Current Principal Place of Business:

511 12 TH STREET N. BCH
ST.A UGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

511 12 TH STREET N. BCH
ST.A UGUSTINE, FL 32084

New Mailing Address:

FEI Number: 41-2037732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSTELLER, KELLY M
511 12 TH STREET N. BCH
ST.AUGUSTINE, FL 32084 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MOSTELLER, KELLY M MGR	
Address:	511 12 TH STREET N. BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	MOSTELLER, KELLY M MGR	
Address:	511 12 TH STREET N.BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	MOSTELLER, KELLY M MGR	
Address:	51 12 TH STREET N. BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	MOSTELLER, TODD B MGR	
Address:	511 12 TH STREET N. BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084 US	
Title:	MGR	( ) Delete
Name:	MOSTELLER, KELLY M MGR	
Address:	511 12 TH STREET N. BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	MOSTELLER, KELLY M MGR	
Address:	511 12 TH STREET N. BCH	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

ADDITIONS/CHANGES:

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:	( ) 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TODD B. MOSTELLER MGR 04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date