
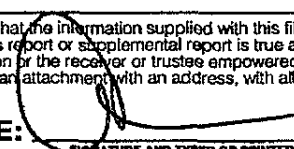


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # L47717 1. Entity Name APPLAUSE FOR HEALTHY PETS, INC.		
Principal Place of Business % ANDREA L BROWN 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685	Mailing Address % ANDREA L BROWN 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, ANDREA L 3438 E LAKE RD SUITE 14 PALM HARBOR, FL 34685		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDREA L 2875 PINE HILL RD. PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BROWN, ANDREA L 2875 PINE HILL RD. PALM HARBOR, FL 34683	
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TITLE NAME STREET ADDRESS 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 607, 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:  Andrea Brown <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-10-5 727-937-3376 <small>Date Daytime Phone #</small>



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2993183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000231175
02/16/05-80020-005 150.00