


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 037 ****61.25

DOCUMENT # N00000004261		
1. Entity Name WE LOVE ANIMALS, INC.		

Principal Place of Business 1140 SE 3 AVE FT LAUDERDALE, FL 33316	Mailing Address 1140 SE 3 AVE FT LAUDERDALE, FL 33316
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2. Principal Place of Business 4785 SW 72nd Ave	3. Mailing Address 4785 SW 72nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Davie, FL	City & State Davie, FL
Zip 33314-4115	Country USA
Zip 33314-4115	Country USA

02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1029794	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNS, LILIANE 1140 SE 3 AVE FT LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent Name Ronald C. Caldwell Street Address (P.O. Box Number is Not Acceptable) 4785 SW 72nd Ave City Davie FL Zip Code 33314-4115	
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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 Ronald C. Caldwell 2/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNS, LILIANE 633 ROYAL PLAZA DR FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Liliane Bruns 2280 SW 154 Ave Davie, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATTERLEE, JOY 205 DUNWOODY HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRUNS, RICK 633 ROYAL PLAZA DR FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/T Ronald C. Caldwell 4785 SW 72nd Ave Davie, FL 33314-4115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LILIANE BRUNS 2/24/05 954-423-8001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>