


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N04000006055 <b>1. Entity Name</b> ANIMAL ASSISTANCE SPECIALISTS, INC.	
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<b>Principal Place of Business</b> 6658 GRACE ST, NW MILTON, FL 32570	<b>Mailing Address</b> PO BOX 934 MILTON, FL 32572
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05082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3741270	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  ABELING, JO (JODI) 6658 GRACE ST, NW MILTON, FL 32570
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**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) **(NOTE: Registered Agent signature required when reinstating)** **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	DCP ABELING, JO (JODI) PO BOX 164 MILTON, FL 325720164
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	DV ABELING, GREGORY PO BOX 164 MILTON, FL 325720164
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D RISLEY, ANNE 1450 BELL CREEK RD JAY, FL 32565
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	

000000161138  
05/21/04-80001-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jo (Jodi) Abeling, President / CEO 850-983-4776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5-17-04