

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009604

FILED
Jul 08, 2005
Secretary of State

Entity Name: TALK TO YOUR ANIMAL FOUNDATION, INC.

Current Principal Place of Business:

3202 COLWELL AVENUE
STE 2704
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3202 COLWELL AVENUE
STE 2704
TAMPA, FL 33614

New Mailing Address:

FEI Number: 52-2413462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOWNES, ELIZABETH A CPA
2701 W BUSCH BLVD #209
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

TOWNES, ELIZABETH A CPA
2701 W BUSCH BLVD #211
TAMPA, FL 33618 US

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: ELIZABETH A TOWNES

07/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,PT () Delete
Name: DANIELS, PATRICIA V
Address: 3202 COLWELL AVENUE STE 2704
City-St-Zip: TAMPA, FL 33614

Title: D,S () Delete
Name: FERNANDEZ, ESTHER
Address: 4038-B CORTEZ DRIVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: STARR, LAVADA
Address: P O BOX 10274
City-St-Zip: KANSAS CITY, MO 64111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DANIELS

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date