

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# N05000000013

Entity Name: M.A.D. FOR ANIMALS, INC

Current Principal Place of Business:

P.O. BOX 540724
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540724
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOZIER, ELLAN
1745 DAVIS DRIVE
MERRITT ISLAND, FL 32952 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOZIER, ELLAN
Address: 1745 DAVIS DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BILLQUIST, TINA
Address: 6373 LEONARD AVE.
City-St-Zip: PORT ST JOHN, FL 32927

Title: D () Delete
Name: SHERIFF, CAROLYN
Address: 5090 FISHTAIL PALM AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: QUIRARTE, MACKENZIE
Address: 230 SAND PINE RD.
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: SOBREDO, VIRGINIA
Address: 3153 PANAMA DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: ANNER, BELINDA
Address: 6187 CORNING RD.
City-St-Zip: PORT ST LUCIE, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOZIER, ELLEN
Address: 1745 DAVIS DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
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Address: () Change () Addition
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Title: D (X) Change () Addition
Name: ANNER, BELINDA
Address: 6187 CORNING RD.
City-St-Zip: PORT ST JOHN, FL 32927

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: ELLEN DOZIER

D

03/25/2005

Electronic Signature of Signing Officer or Director

_____ Date