


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 20 PM 1:47

DOCUMENT # N94000006297					
1. Entity Name NATIONAL SAVE-A-PET, INC.					
Principal Place of Business 1700 S OCEAN BLVD PALM BEACH, FL 33480 US			Mailing Address P O BOX 2444 PALM BEACH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0572604	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHAPERO, BERTRAM 11648 SUNSET BLVD WEST PALM BEACH, FL 33411				Name GERTRUDE MAXWELL Street Address (P.O. Box Number is Not Acceptable) 1700 S. OCEAN BLVD City PALM BEACH FL Zip Code 33480	
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 <i>Gertrude Maxwell</i>		Signature, typed or printed name of registered agent and title if applicable GERTRUDE MAXWELL		DATE 1/11/06	
Amended AR is \$61.25		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAXWELL, GERTRUDE G 1700 S OCEAN BLVD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.T.C. MAXWELL, GERTRUDE G 1700 S. OCEAN BLVD PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STERLING, PAMELA 2621 VILLAGE BLVD WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VON ROVERAMP, MONTE L 107 HALF MOON CIRCLE, APT C3 LANTANA, FL 33625-5490	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MELTZER, FRED 5190 LAKE WORTH RD GREEN ACRES CITY, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, ANANDA 19977 PORTAGE LANDING S NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, NORMA 127 PERUVIAN AVENUE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL AGENT SHAPERO, BERTRAM 1128 ROYAL PALM BEACH BLVD, #404 WEST PALM BEACH, FL 33411	
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 900065034433 02/02/06--01035--004 **61.25	
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: <i>Gertrude Maxwell</i>		Signature and typed or printed name of signing officer or director GERTRUDE MAXWELL		Date 1/11/06	

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