


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90012 036 ****61.25

DOCUMENT # N95000000167	
1. Entity Name SPCA OF THE TREASURE COAST, INC.	

Principal Place of Business 1008 NE JENSEN BCH BLVD JENSEN BCH FL 34957 US	Mailing Address 1008 NE JENSEN BCH BLVD JENSEN BCH FL 34957 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)	
4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAINS, LORI A 3019 SW VITTORIO ST. PORT ST. LUCIE FL 34953
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	
TITLE PD	<input type="checkbox"/> Delete
NAME RAINS, LORI	
STREET ADDRESS 3019 SW VITTORIO ST	
CITY-ST-ZIP PORT ST. LUCIE FL 34953	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME BRAGG, PAULA	
STREET ADDRESS 5907 RAIN TREE TRL	
CITY-ST-ZIP FORT PIERCE FL 34982	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME KEDZIORA, GRACE	
STREET ADDRESS 1906 INDIA ATLANTIC DR	
CITY-ST-ZIP FORT PIERCE FL 34949	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME TESSIER, GLADYS J	
STREET ADDRESS 2613 NE ROBERTA ST.	
CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SCHRIEBER, DENISE	
STREET ADDRESS 2626 NE HICKORY ST	
CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schreiber, Cynthia	
STREET ADDRESS 2626 NE Hickory Ave	
CITY-ST-ZIP Jensen Beach, Fl. 34957	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cerrato Roseann	
STREET ADDRESS 2409 SW Avondale St.	
CITY-ST-ZIP Port St. Lucie Fla 34984	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schreiber, Denise	
STREET ADDRESS 2626 NE Hickory St	
CITY-ST-ZIP Jensen Beach, Fla. 34957	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUSTEE BRAGG, PAULA	
STREET ADDRESS 5907 Raintree Trl.	
CITY-ST-ZIP Fort Pierce Fl. 34982	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Denise Schreiber* **2-10-06 772-334-0636**