2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # N9500001657 1. Entity Name PET-PEOPLE EDUCATION COUNCIL, INC.				04	-25-2007 9013	71 015 ****70.	.00	
Principal Place of Business 219 - 26TH AVE., S.W. VERO BEACH, FL 32962		Mailing Address 219 - 26TH AVE., S.W. VERO BEACH, FL 32962		1000				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Ch	ng-NP C	R2E037 (12/06)		
City & State		City & State		4. FEI Number 65-058437	6	<u> </u>	plied For at Applicable	
Zíp	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Regis	tered Agent		
ELLIS, CONNIE C 219 - 26TH AVE., S.W. VERO BEACH, FL 32962				Name Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH, FL 32962								
			City	City FL Zip Code				
	named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent.	President - C	gistered office or regis	Ellia	the State of Florida	- [] - O]	and accept	
				period arios remaining;				
[Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees		check payable to Department of St		
10.	_	Trust Fund Cor		\$5.00 May Be	Florida	check payable to Department of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Trust Fund Cor	ntribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DI PSD ELLIS, CONNIE C 219 - 26TH AVE., S.W.	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD ELLIS, CONNIE C 219 - 26TH AVE., S.W. VERO BEACH, FL 32962 D WOODY, C. JOSEPH 219 - 26TH AVE., S.W.	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	check payable to Department of St NID DIRECTORS IN	tate 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD ELLIS, CONNIE C 219 - 26TH AVE., S.W. VERO BEACH, FL 32962 D WOODY, C. JOSEPH 219 - 26TH AVE., S.W. VERO BEACH, FL 32962 D NICHOLLS, JEAN 219 - 26TH AVE., S.W.	Trust Fund Cor	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	check payable to Department of St IND DIRECTORS IN Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD ELLIS, CONNIE C 219 - 26TH AVE., S.W. VERO BEACH, FL 32962 D WOODY, C. JOSEPH 219 - 26TH AVE., S.W. VERO BEACH, FL 32962 D NICHOLLS, JEAN 219 - 26TH AVE., S.W.	Trust Fund Cor	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	check payable to Department of St IND DIRECTORS IN Change Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days Prove &