2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004095

1. Entity Name
PET ANIMAL TRUST, INC.

Principal Place of Business	Mailing Address
1109 CORAL REEF DRIVE PORT ST. LUCIE, FL 34983	1109 CORAL REEF DRIVE PORT ST. LUCIE, FL 34983

04032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0698333
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOROLY, KAAREN
1109 CORAL REEF DRIVE
PORT ST. LUCIE, FL 34983

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOROLY, KAAREN
STREET ADDRESS	1109 CORAL REEF DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	VSD
NAME	MCCONNAUGHHAY, LOIS
STREET ADDRESS	1119 SE CORAL REEF STREET
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	VSTD
NAME	WATERS, CLAIRE
STREET ADDRESS	262 NW BAYSHORE BLVD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80034-005 61.25

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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: Karen Koroly 4/10/06 772-878-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #