


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006413

1. Entity Name
 SPAYD WITH HEART, INC.



Principal Place of Business
 6080 INDUSTRIAL BLVD.
 CENTURY, FL 32535

Mailing Address
 7450 PINE BARREN ROAD
 CENTURY, FL 32335

DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3479351 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENTI, LORI
 6080 INDUSTRIAL BLVD
 CENTURY, FL 32535

DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARMENTI, LORI 6080 INDUSTRIAL BLVD. CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN NEVEL, GEORGE 6080 INDUSTRIAL BLVD. CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDT, DEBRA RT 2 BOX 107 MONTICELLO, FL 34321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000434537
 02/25/06-80005-023 61.25

DO NOT WRITE IN THIS SPACE

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: Lori Arment LORI ARMENTI 2-10-06 850 327-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #