

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



02092006 No Chg-NP CR2E037 (11/05)

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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

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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 02/25/06-80005-023 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: *Lori Armenti* LORI ARMENTI

2-10-06 850 327-4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #