2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000656

Entity Name: PIGS AS PETS ASSOCIATION, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14338 CRISTOBAL STREET, SE FORT MYERS, FL 339052335 US **Current Mailing Address: New Mailing Address:** 14338 CRISTOBAL ST FORT MYERS, FL 33905 US FEI Number: 65-0817248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLENBACK, GREGORY 14338 CRISTOBAL STREET, SE FORT MYERS, FL 339052335 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOLLENBACK, LANA Name: Name: 14338 CRISTOBAL ST Address: Address: City-St-Zip: FORT MYERS, FL 339032335 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: INFALT, CAROL Name: DEGAW, TERRY Address: N 3374 ROME OAK HILL RD Address: 2162 MERRITT ROAD City-St-Zip: ROME, WI 53137 City-St-Zip: FORRESTBURG, TX 76239 Title: () Delete Title: () Change () Addition BAYLISS, NANCY Name: Name: 3502 HAVENWOOD RD Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 US City-St-Zip: Title: D Title: () Change () Addition () Delete Name: ALLEN, SUSAN Name: 1513 MARTIN SMITH RD Address: Address: City-St-Zip: LEESVILLE, SC 29070 US City-St-Zip: Title: () Delete Title: () Change () Addition MCDANIEL, TRACY Name: Name: 6011 S 155TH W AVE Address: Address: City-St-Zip: SAND SPRINGS, OK 74063 US City-St-Zip: Title: () Delete Title: () Change (X) Addition CORELLA, MICHELLE Name: Name: Address: Address: 950 ALIYAH RD LAS CRUSES, NM 88005 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANA HOLLENBACK D/P 01/11/2006