2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006428

521 SW 59 STREET

OCALA, FL 34474

Address:

City-St-Zip:

FILED Mar 12, 2006 Secretary of State

DOCON	1⊏14 1 # 143¢	5000006426		Secretary of State	
Entity Na	me: PETSIN	DISTRESS II, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
521 SW 59 OCALA, F					
Current Mailing Address:			New Mailing Address:		
521 SW 59 OCALA, F					
FEI Number	: 65-0879642	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
521 SW 59 OCALA, F	L 34474 U	S	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU		nia Cianatura of Degistered Age		 Date	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	VPD (MCCULLARS, 10165 MATCH ORLANDO, FL) Delete ALLIENE LOCK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip:	MAVROS, ELE 10910 S.W. 27 DAVIE, FL 33	NA 7TH STREET	Name: Address: City-St-Zip: Title:	() Change () Addition	
Name:	MCGARRY, BA	,	Name:	()	

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.

Address:

City-St-Zip:

SIGNATURE: BARBARA A. MCGARRY D 03/12/2006