

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035855

Entity Name: MOORE ANIMAL CARE, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

155 HEIGHTS AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

155 HEIGHTS AVENUE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 59-3638133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DEBRA M
155 HEIGHTS AVE
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MOORE, DEBRA M
Address: 3033 W CYPRESS DR
City-St-Zip: DUNNELLON, FL 34433

Title: VP () Delete
Name: MOORE, MICHAEL M
Address: 3033 W CYPRESS DRIVE
City-St-Zip: DUNNELLON, FL 34433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MOORE, DEBRA M
Address: 7337 E. APPLEWOOD DR
City-St-Zip: INVERNESS, FL 34450

Title: VP (X) Change () Addition
Name: MOORE, MICHAEL M
Address: 7337 E. APPLEWOOD DR.
City-St-Zip: INVERNESS, FL 34450

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA M MOORE

PS

01/19/2006

Electronic Signature of Signing Officer or Director

Date