


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000092860 1. Entity Name PETS GALORE, INC.						FILED 05 JUL -5 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2400 OAK LANE MELBOURNE, FL 32934				Mailing Address 2400 OAK LANE MELBOURNE, FL 32934				
2. Principal Place of Business 2400 Brandywine LN. Suite, Apt. #, etc.				3. Mailing Address 3795 Oak LN. Suite, Apt. #, etc.				
City & State West Melbourne FL Zip 32904				City & State Melbourne FL Zip 32934				
Country Brevard				Country Brevard				
4. FEI Number 59-3672580				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CHILCOTT, PATRICIA 3795 OAK LANE MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name Anderson, Patricia Street Address (P.O. Box Number is Not Acceptable) 3795 Oak LN. City Melbourne FL 32934				
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 Patricia Anderson DATE 6/22/2005 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>								
FILE NOW!!! FEE IS \$900.00								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILCOTT, PATRICIA 1985 TRIMBLE ROAD MELBOURNE, FL 32934			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anderson, Patricia 3795 Oak LN Melbourne FL 32934		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, SANDRA 3795 OAK LANE MELBOURNE, FL 32935			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900056578139 06/28/05--01003--005 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Patricia Anderson DATE 6/22/2005 321-733-0131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								