2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050741

City-St-Zip:

SINGER ISLAND, FL 33404

Entity Name: PET BEHAVIOR.COM INC.

FILED Jul 04, 2005 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1237 N OC SINGER IS	CEAN DR SLAND, FL 33	3404			
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
1237 N OC SINGER IS	CEAN DR SLAND, FL 3:	3404			
FEI Number:	: 65-1111478	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	f New Registered Agent:	
STEDMAN, KAREN E 3931 RCA BLVD #3101 PALM BEACH GARDENS, FL 33410 US			WARD, ROBERT D 1237 N OCEAN DR SINGER ISLAND, FL (33404 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ROBERT D. WARD				07/04/2005	
	Electro	onic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WARD, ROBE 1237 N OCEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAGLE, JANK 1237 N. OCEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAGLE, JERR 1237 NORTH) Delete RY OCEAN DRIVE ND, FL 33404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	HATTON, JUL) Delete IE OCEAN DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ROBERT D. WARD P 07/04/2005