
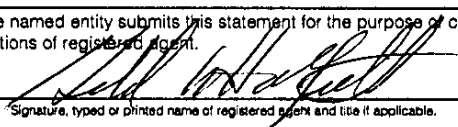


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 023 ***150.00

DOCUMENT # P02000006360			
1. Entity Name PET TRAVEL.COM, INC.			
Principal Place of Business 1123 NE 16TH COURT SUITE B FORT LAUDERDALE, FL 33305 US		Mailing Address POST OFFICE BOX 23927 FORT LAUDERDALE, FL 33307	
2. Principal Place of Business 1010 PALM CANYON DR Suite, Apt. #, etc. 136	3. Mailing Address PO BOX 1225 Suite, Apt. #, etc.		
City & State BORREGO SPRINGS, CA	City & State BORREGO SPRINGS, CA		
Zip 92004	Country US	Zip 92004	Country US
6. Name and Address of Current Registered Agent HATFIELD, GERALD 1123 NE 16TH COURT SUITE B FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name: GERALD HATFIELD Street Address (P.O. Box Number is Not Acceptable): 2016 NE 29th STREET City: FORT LAUDERDAE FL Zip Code: 33306	
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: 		DATE: 4/26/06	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HATFIELD, GERALD M PO BOX 23927 FORT LAUDERDALE, FL 33307 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GERALD M HATFIELD PO BOX 1225 BORREGO SPRINGS, CA 92004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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:

 President 4/26/2006