2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AN DOCUMENT # P02000025321 **Secretary of State** CYCLONE VETERINARY SERVICE, INC. Principal Place of Business Mailing Address 723 HAYNES ROAD 723 HAYNES ROAD LAKELAND, FL 33809--663 LAKELAND, FL 33809-663 CR2E034 (11/05) 01192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3614054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, HILARY B DO NOT WRITE 723 HAYNES RD. LAKELAND, FL 33809-663 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROBINSON, HILARY B NAME 723 HAYNES RD. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED