2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P02000086395

Entity Name: ANIMAL & EXOTIC MEDICAL CENTER INC

Current Principal Place of Business:

19213 N DALE MABRY BLVD
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

19213 N DALE MABRY BLVD
LUTZ, FL 33548

New Mailing Address:

FEI Number: 55-0795017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUREISHI, ANTHONY S
18803 MERRY LANE
LUTZ, FL 33548 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: CEO ( ) Delete
Name: QUREISHI, ANTHONY S
Address: 19213 N DALE MABRY BLVD
City-St-Zip: LUTZ, FL 33548

Title: S ( ) Delete
Name: RADOSTI-QUREISHI, PAMELA
Address: 18803 MERRY LANE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY QUREISHI CEO 04/24/2006

Electronic Signature of Signing Officer or Director Date