2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 30, 2006 08:00 AN Secretary of State

| DOCUMENT # P03000027881 1. Entity Name THE AVERAGE PET INC. | | | Secretary of State |
|--|-----------------------|--|--|
| Principal Place of Business Mailing Address 5840 SW 2ND TERR. 5840 SW 2ND TERR. MIAMI, FL 33144 MIAMI, FL 33144 | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | 01272006 No Chg-P CR2E034 (11/05) 4. FEI Number | |
| CASO, MARITZA 5840 SW 2ND TERR. MIAMI, FL 33144 | | DO NOT WRITE 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstaling) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will: be \$550.00 9. Election Campaign File Trust Fund Contribution | | .00 May Be led to Fees | 1100000407738 02/08/06-80032-020 150.00 |
| 10. OFFICERS AND DIRECTORS TITLE PD NAME CASO, MARITZA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS | | | NOT WRITE THIS SPACE |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my sign | e exemptions containe | d in Chapter 11 same legal elfe | Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director. |
| 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 of 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. | | | |