2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048928

Entity Name: TROPICAL VETERINARY SERVICES, PA

Current Principal Place of Business:	**New Principal Place of Business:**
P O BOX 625 PARRISH, FL 34219	13651 HIGHLAND RD PARRISH, FL 34219

Current Mailing Address:	**New Mailing Address:**
P O BOX 625 PARRISH, FL 34219	

FEI Number: 51-0461269   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MCGINNIS, PAMELA 13651 HIGHLAND ROAD PARRISH, FL 34219 US	

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MCGINNIS, PAMELA	Name:	
Address:	P O BOX 625	Address:	
City-St-Zip:	PARRISH, FL 34219	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: P MCGINNIS   D   01/18/2007

                  Electronic Signature of Signing Officer or Director   Date