

2006 FOR PROFIT CORPORATION ANNUAL REPORT


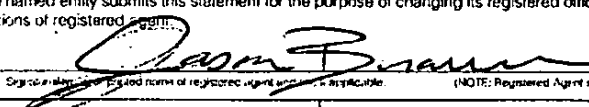
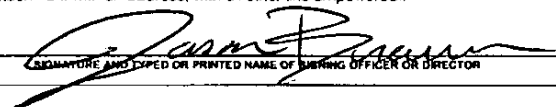
FILED
Mar 20, 2006 8:00 am
Secretary of State

03-03-2006 90116 005 ***150.00

66005911



01242006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000072499					
1. Entity Name ANIMAL PHARMACEUTICALS, INC.					
Principal Place of Business 1140 HOLLAND DR. STE. 13 BOCA RATON, FL 33487			Mailing Address P.O. BOX 880587 BOCA RATON, FL 33488		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2675003	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRAUN, JASON 20788 PINAR TRL. BOCA RATON, FL 33433			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. This 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 2-21-06					
(NOTE: Registered Agent signature required when transferring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP	BOCA RATON, FL 33433				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-STATE-ZIP				
CITY-STATE-ZIP					
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:  DATE 3-16-06 OFFICE FILE # 581-700983					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					



ATTACHMENT

66005911

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

ANIMAL PHARMACEUTICALS, INC.
P.O. BOX 880587
BOCA RATON, FL 33488

Subject: ANIMAL PHARMACEUTICALS, INC.

Reference Number: **P03000072499**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION