

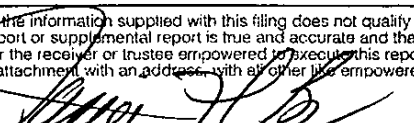


**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

40044101

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<b>DOCUMENT # P04000032375</b>				04-01-2005 90010 050 ***158.75	
1. Entity Name <b>MY PETZ BED &amp; BREAKFAST, INC.</b>					
Principal Place of Business <b>127 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548</b>		Mailing Address <b>127 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548</b>			
2. Principal Place of Business <b>Suite, Apt. #, etc. N-7</b> <b>City &amp; State</b>		3. Mailing Address <b>Suite, Apt. #, etc. N-7</b> <b>City &amp; State</b>		40044101 	
Zip <b>Country</b>		Zip <b>Country</b>		03182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>MEADE, MIKE 24 NE WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548</b>		7. Name and Address of New Registered Agent <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>			
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 _____ (NOTE: Registered Agent signature required when constituting)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>BROOKS, MARION E</b> STREET ADDRESS <b>127 MIRACLE STRIP PARKWAY SW</b> CITY- ST- ZIP <b>FORT WALTON BEACH, FL 32548</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b> NAME <b>, STE. N-7</b> STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SR. VICE-PRESIDENT</b> NAME <b>JANICE FOSTER BROOKS</b> STREET ADDRESS <b>127 MIRACLE STRIP PKWY SW, N-7</b> CITY- ST- ZIP <b>FORT WALTON BEACH, FL 32548</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>JANICE FOSTER BROOKS</b> <b>2/23/05</b> <b>(850) 243-5604</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					