2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2007
Secretary of State

DOCUMENT# P05000001734

Entity Name: ANIMAL REPLACEMENT TECHNOLOGIES INC.

Current Principal Place of Business:

2522 TRAILMATE DRIVE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

2522 TRAILMATE DRIVE
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 20-2526737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRITTON, BRENT C
SUNTRUST FINANCIAL CENTRE
401 E. JACKSON STREET , SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BRITTON, BRENT C
ONE TAMPA CITY CENTER
201 N FRANKLIN, SUITE 210
TAMPA, FL 33602 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: _____ 03/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SAKEZLES, CHRISTOPHER
Address: 2522 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: VSD (X) Delete
Name: SAKEZLES, REGINA
Address: 2522 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: DANIELSON, DAVID
Address: 2522 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: DANIELSON, MICHELE
Address: 2522 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: SUMMERS, CHRISTOPHER
Address: 2522 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHRISTOPHER SAKEZLES PTD 03/04/2007
Electronic Signature of Signing Officer or Director — Date