2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P05000022732

Entity Name: TRINITY PET HOSPITAL, INC.

Current Principal Place of Business:

7813 MITCHELL BLVD
SUITE# 112
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

7813 MITCHELL BLVD
SUITE #112
TRINITY, FL 34655

New Mailing Address:

FEI Number: 30-0303754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STELTER, CHRIS
1742 LOCH HAVEN COURT
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

STELTER, KIM
1742 LOCH HAVEN COURT
TRINITY, FL 34655 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: KIM STELTER 01/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STELTER, KIM
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: VP ( ) Delete
Name: STELTER, CHRIS
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: TRES ( ) Delete
Name: STELTER, CHRIS
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: SECY ( ) Delete
Name: STELTER, KIM
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change ( ) Addition
Name: STELTER, KIM
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: SECY (X) Change ( ) Addition
Name: STELTER, CHRIS
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

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: KIM STELTER P 01/09/2007
Electronic Signature of Signing Officer or Director Date