

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155427

Entity Name: STUFFFORMYPETS.COM INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

8256 CRESAP ST
BROOKSVILLE, FL 34616

New Principal Place of Business:

3411 LAMBERT AVE
SPRING HILL, FL 34608

Current Mailing Address:

8256 CRESAP ST
BROOKSVILLE, FL 34616

New Mailing Address:

3411 LAMBERT AVE
SPRING HILL, FL 34608

FEI Number: 59-3586671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DEBORAH A
8256 CRESAP ST
BROOKSVILLE, FL, FL 34613 US

Name and Address of New Registered Agent:

BROWN, DEBORAH A
3411 LAMBERT AVE
SPRING HILL, FL 34606 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: DEBORAH BROWN

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, DEBORAH A
Address: 8256 CRESAP ST
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, DEBORAH A
Address: 3411 LAMBERT AVE
City-St-Zip: SPRING HILL, FL 34608

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: DEBORAH BROWN

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date