2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P06000050731

Entity Name: AGAPE ANIMAL CENTER OF WEWAHITCHKA INC.

Current Principal Place of Business:

1336 HWY 22
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

1336 HWY 22
WEWAHITCHKA, FL 32465 US

New Mailing Address:

PO BOX 702
WEWAHITCHKA, FL 32465 US

FEI Number: 76-0830862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BYAS, ALBERT
1506 THURSO RD.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BYAS, ALBERT A DR.
1506 THURSO RD.
LYNN HAVEN, FL 32444 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: AAB 03/02/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: BYAS, ALBERT
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: S/T ( ) Delete
Name: BYAS, ALBERT
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP/D ( ) Delete
Name: BYAS, SHERI
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

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:

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: AAB P/D 03/02/2007
Electronic Signature of Signing Officer or Director Date