

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 17, 2004 08:00 AM  
Secretary of State**

DOCUMENT # P93000057515		
1. Entity Name VETERINARY TECHNICAL INSTITUTE, INC.		

Principal Place of Business 1949 EMPRESS CT NAPLES, FL 34110 US	Mailing Address 1949 EMPRESS CT NAPLES, FL 34110 US
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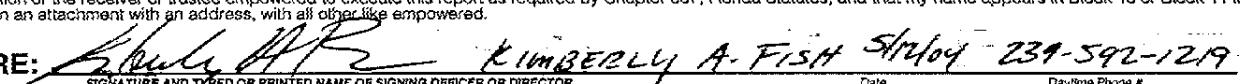
<b>DO NOT WRITE IN THIS SPACE</b>	
6. Name and Address of Current Registered Agent  FISH, KENNETH W 1949 EMPRESS CT NAPLES, FL 34110	03052003 No Chg-P CR2E034 (10/03)  4. FEI Number 65-0432362  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>DO NOT WRITE IN THIS SPACE</b>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISH, KENNETH W 1949 EMPRESS CT NAPLES, FL 34110  U00000150700 05/17/04-80003-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISH, KIMBERLY A 1949 EMPRESS CT NAPLES, FL 34110	
TITLE 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #