

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000029888

1. Entity Name  
PET IBIS, INC.



Principal Place of Business  
10130 N LAKE BLVD. #208  
WEST PALM BEACH, FL 33412

Mailing Address  
10130 N LAKE BLVD. #208  
WEST PALM BEACH, FL 33412

**FILED  
May 06, 2005 08:00 AM  
Secretary of State**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0910084	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DONATO, SALVATORE  
13126 TEMPLE BLVD.  
WEST PALM BEACH, FL 33412

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

UD00000364206  
05/06/05-80034-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DONATO, SALVATORE
STREET ADDRESS	13126 TEMPLE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

**DO NOT WRITE  
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

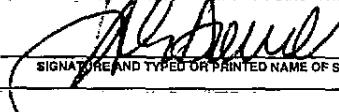
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CITY-ST-ZIP	

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:

 SALVATORE DONATO 05/05/05 561-691-0407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #