2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# S21484

Entity Name: A.A.C.I./ALL ANIMAL CARE, INC.

Current Principal Place of Business:

MOBIL SERVICES
DAVIE, FL 33328 US

New Principal Place of Business:

MOBIL SERVICES
PALM BEACH COUNTY, FL 33470 US

Current Mailing Address:

11193 SW 37TH MANOR
DAVIE, FL 33328 US

New Mailing Address:

17128 37TH PLACE N
LOXAHATCHEE, FL 33470 US

FEI Number: 65-0231683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIELS, THIERRY
11193 SW 37TH MANOR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

NIELS, THIERRY
17128 37TH PLACE N
LOXAHATCHEE, FL 33470 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: 02/24/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NIELS, THIERRY,
Address: 11193 SW 37TH MANOR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NIELS, THIERRY,
Address: 17128 37TH PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

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: THIERRY NIELS D 02/24/2006
Electronic Signature of Signing Officer or Director — Date