


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V45152 1. Entity Name ANIMAL EYE CARE, INC.			
2. Principal Place of Business 3807 BOND PLACE SARASOTA FL 34232		3. Mailing Address PO BOX 49677 SARASOTA FL 34230-6677	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country
4. FEI Number 65-0345125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Destroyed <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, JOHN 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PATTERSON, JOHN	<input type="checkbox"/> Delete	TITLE
NAME	46 N. WASHINGTON BLVD		NAME
STREET ADDRESS	SARASOTA FL		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			U00000479882 04/10/06-80020-020 150.00
TITLE	P SALISBURY, M A	<input type="checkbox"/> Delete	TITLE
NAME	3807 BOND PLACE		NAME
STREET ADDRESS	SARASOTA FL 34232		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: M-A Salisbury M-A SALISBURY 3/21/06 (94) 379-3937