

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45152

Entity Name: ANIMAL EYE CARE, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

3807 BOND PLACE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

PO BOX 49677
SARASOTA, FL 342306677

New Mailing Address:

PO BOX 849
SARASOTA, FL 34230

FEI Number: 65-0345125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, JOHN
46 N. WASHINGTON BLVD. #1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: PATTERSON, JOHN,
Address: 46 N. WASHINGTON BLVD
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: SALISBURY, M A
Address: 3807 BOND PLACE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSTD (X) Change () Addition
Name: SALISBURY, M A
Address: 3807 BOND PLACE
City-St-Zip: SARASOTA, FL 34232

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: M-A SALISBURY

P

04/24/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date