

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2008
Secretary of State**

DOCUMENT# N03000006544

Entity Name: DALMATIAN RESCUE OF TAMPA BAY, INC.

Current Principal Place of Business:

410 HOLLY HILL ROAD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

PO BOX 341951
TAMPA, FL 33694

New Mailing Address:

FEI Number: 42-1600855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSARO, SHERRY
410 HOLLY HILL ROAD
OLDSMAR, FL 34677 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBER, SUSAN
Address: 1758 ENCHANTED FOREST ROAD
City-St-Zip: EASTSOUND, WA 98245

Title: V () Delete
Name: SHEPLER, PATRICK
Address: 1758 ENCHANTED FOREST ROAD
City-St-Zip: EASTSOUND, WA 98245

Title: ST () Delete
Name: PETER, LEE
Address: 4 REAGAN PARK DRIVE
City-St-Zip: WEAVERVILLE, NC 28787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WEBER

P

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date