

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046672

Entity Name: DOG ENTERPRISES, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

340 N PRIMROSE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

340 N PRIMROSE DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3644761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131 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: TS () Delete
Name: DIJULIO, THERESA
Address: 3 KATELYN'S WAY
City-St-Zip: BROOMALL, PA 19008

Title: P () Delete
Name: GILES, PATRICIA S
Address: 1727 ROBERTS LANDING ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: VARMA, BOB
Address: 610 CROWN OAK CENTRE
City-St-Zip: LONGWOOD, FL 32750

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 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 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: PATRICIA S GILES

MS

04/26/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date