## FILED 2005 FOR PROFIT CORPORATION Apr 25, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000022792 TOP DAWG ALLSTARS, INC. Principal Place of Business Mailing Address 209 FARRINGTON LANE **209 FARRINGTON LANE** KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0546388 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANIER, CATHERINE DO NOT WRITE **4848 CALASANS AVENUE** ST CLOUD, FL 34771 IN THIS SPACE 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, typed or printed name of registered agent and trie if applicable. (NOTE, Registered Agent signature required when reinstating) DATE .U00000329037 04/25/05-80102-005 150.**00** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fess 10. OFFICERS AND DIRECTORS TITLE NAME LANIER, CATHERINE STREET ADDRESS 4848 CALASANS AVENUE CITY-ST-ZIP ST. CLOUD, FL 34771 D TITLE COLLINS, KERRIE STREET ADDRESS 224 LATONIA STREET CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CATY ST - ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this report or supplier antal 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 of 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 AND TYPED OR MENTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: