


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 007 ***150.00

DOCUMENT # P95000016573			
1. Entity Name V.I.P. KENNELS, INC.			
Principal Place of Business 6222 WILLIAMSON BLVD. PORT ORANGE, FL 32128-7370 US		Mailing Address 6222 WILLIAMSON BLVD. PORT ORANGE, FL 32128-7370 US	
2. Principal Place of Business - No P.O. Box # Blvd. 6222 South Williamson		3. Mailing Address 6222 South Williamson Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange FL		City & State Port Orange FL	
Zip 32128 Country Volusia		Zip 32128 Country Volusia	
6. Name and Address of Current Registered Agent PALMIERI, MARGARET M 6222 S. WILLIAMSON POR ORANGE, FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PTS PALMIERI, MARGARET M 6222 AIRPORT RD PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Palmieri, Margaret M. 6222 South Williamson Blvd. Port Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Margaret M. Palmieri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-27-07</u> Daytime Phone #: <u>386-679-6200</u>	
Margaret M. Palmieri			