2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701473

FILED Feb 16, 2007 Secretary of State

Entity Name: DOG TRAINING CLUB OF ST PETERSBURG INC

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6600 34 AV	LETON & SMI /E. NO. RSBURG, FL	•				
Current Mailing Address:			New Maili	New Mailing Address:		
6600 34 AV	LETON & SMI /E. NO. RSBURG, FL					
FEI Number:	23-7099551	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
6600 34 AV ST. PETER	LETON & SMI /E. NO. &SBURG, FL named entity:	33710 US	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR						
OIOINATOI		nic Signature of Registered Age	nt	 Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WISSLER, NIR 6680 99TH AVE PINELLAS PAR	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (WALKER, VIGI 4690 36TH AVI ST. PETERSBU	ENUE NORTH	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition WALKER, VIGINIA 4690 36TH AVENUE N ST. PETERSBURG, FL 33713		
Title: Name: Address: City-St-Zip:	VP (MILES, DIANE 5930 110TH AV PINELLAS PAR		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SHOGREN, KATHERINE 1200 13TH STREET N ST. PETERSBURG, FL 33705		
Title: Name: Address: City-St-Zip:	WAGNER, DOI 509 MORENO		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BALLOU, JOAN 426 LORA LAN		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition DE LA TORRE, LYNN 9121 94TH AVENUE N SEMINOLE, FL 33777		
Title: Name: Address: City-St-Zip:	D (TOTH, TED 9945 60TH STE PINELLAS PAR		Title: Name: Address: City-St-Zip:	()Change ()Addition		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DE LA TORRE TD 02/16/2007