2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 31, 2008 08:00 AN **DOCUMENT # 592910** 1. Entity Name **Secretary of State** COUNTRY CLUB KENNELS, INC. Principal Place of Business Mailing Address 13750 S.E. POWERLINE AVE. HOBE SOUND FL 33455 13750 S.E. POWERLINE AVE. HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-1848204 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOTH, DANIEL Street Address (P.O. Box Number is Not Acceptable) 13750 SE POWERLINE AVE. HOBE SOUND FL 33455 City 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 Signature, typed or crimed natio of registered injent and title if explication (NOTE: Registered Agont's gnature required when reinstaling) FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME VOLLUM, SANDRA K. NAME STREET ADDRESS 13750 S.E. POWERLINE AVE STREET ADDRESS CITY-ST-7IP HOBE SOUND FL CITY-ST-ZIP U000000876141 04/11/08-80062-096 crt 50.08 Addition TITLE ☐ Derete TITLE NAME MAIME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TIBE Change [] Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE Derete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-SI-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE: Sandra Vollum 3/27/08 772548

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.