2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# 710146

Entity Name: CLEARWATER KENNEL CLUB, INC.

Current Principal Place of Business:

BOX 7157
CLEARWATER, FL 33758

New Principal Place of Business:

Current Mailing Address:

25421 TRADEWINDS DR.
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-1088573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOLZ, DAN
25421 TRADEWINDS DR.
LAND O LAKES, FL 34639 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BENSON, MARK	
Address:	634 29TH AVE. N	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	T	( ) Delete
Name:	STOLZ, DANIEL T	
Address:	25421 TRADEWINDS DR.	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	S	( ) Delete
Name:	MESMER, SANDY	
Address:	1509 BONAIR ST.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	V	( ) Delete
Name:	NEWTON, PAUL	
Address:	4000 11TH AVE. N	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	NAIMAN, STEVE	
Address:	1251 N SEDEEVA CIRCLE N	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	MANNING, MARY	
Address:	25421 TRADEWINDS	
City-St-Zip:	LAND O LAKES, FL 34639	

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:	
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 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: DANIEL T. STOLZ T 02/12/2007

Electronic Signature of Signing Officer or Director — Date