2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719024

FILED Apr 13, 2006 Secretary of State

Entity Name: GREATER FORT MYERS DOG CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6295

FORT MYERS, FL 33911

Current Mailing Address: New Mailing Address:

P.O. BOX 6295

FORT MYERS, FL 33911

FEI Number: 59-1877169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRAZIER, BARBARA J FRAZIER, BARBARA
1311 ELLENDALE CIRCLE
LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33936 US

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: BARBARA FRAZIER 04/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BROWN, LINDA
 Name:
 BEESON, JOANNE

 Address:
 17289 LEE RD.
 Address:
 25 KINGSMAN CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33911
 City-St-Zip:
 FORT MYERS, FL 33905

Title: CSD () Delete Title: () Change () Addition

| Name: MEYER, ANN | Name: | Address: | 3161 OLD BURNT STONE RD. | Address: | City-St-Zip: | CAPE CORAL, FL 33993 | City-St-Zip: |

Title: VD () Delete Title: VD (X) Change () Addition

Name: BEESON, JOANNE Name: HARE, SUSAN

 Address:
 25 KINGMAN CIR
 Address:
 6940 HONEYCOMB LANE

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33912

Title: D () Delete Title: D (X) Change () Addition

Name:HARE, SUSANName:FRAZIER, BARBARAAddress:6940 HONEYCOMB LANEAddress:1311 ELLENDALE CIRCLECity-St-Zip:FORT MYERS, FL 33912City-St-Zip:LEHIGH ACRES, FL 33936

Title: TD () Delete Title: TD (X) Change () Addition

Name: FRAZIER, BARBARA J Name: BOEHM, BEA

Address: 1311 ELLENDALE CIRCLE Address: 1311 ELLENDALE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936

Title: RCD () Delete Title: () Change () Addition

 Name:
 EWEN, CHARLENE
 Name:

 Address:
 5544 NEW PINSLAKE DR
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 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: BARBARA FRAZIER D 04/13/2006