2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740810

FILED Jan 06, 2009 Secretary of State

Entity Name: DOBERMAN RESCUE LEAGUE INC.

Current P	rincipal Place of Business:	New Principal Place	of Business:
	7TH TERR JDERDALE, FL 33304		
Current N	lailing Address:	New Mailing Address	s:
P O BOX 2 OAKLAND	24065 DPARK, FL 333071065		
FEI Number	: 59-1818893 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:
1430 NE 1	RY, DIANE 7 TERRACE JDERDALE, FL 33304 US		
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,
n the State	e of Florida. ¯ RE:		d office or registered agent, or both,
n the State	e of Florida.		d office or registered agent, or both, Date
n the State	e of Florida. ¯ RE:	d Agent	
n the State SIGNATUI DFFICER: itle: lame: kddress:	e of Florida. RE: Electronic Signature of Registered	d Agent	Date
n the State BIGNATUI DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete RYAN, CHRIS 6471 THOMAS ST.	ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the State	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete RYAN, CHRIS 6471 THOMAS ST. HOLLYWOOD, FL VPD () Delete ROGELL, ROBERTA 5200 NE 3 AVENUE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: CYNDI RICHARDS TD 01/06/2009