2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767992

FILED Apr 29, 2007 Secretary of State

Entity Name: GULFCOAST SCHUTZHUND CLUB, INC.

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

13454 HAYS RD 2125 KAREN DRIVE SPRING HILL, FL 34610 US LUTZ, FL 33558 US

Current Mailing Address: New Mailing Address:

 13454 HAYS RD
 2125 KAREN DRIVE

 SPRING HILL, FL 34610 US
 LUTZ, FL 33558 US

FEI Number: 59-2387514 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:

NEFF, CHRISTINE K
13454 HAYS RD
2125 KAREN DRIVE
SPRING HILL, FL 34610 US
LUTZ, FL 33558 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: ELIZABETH B. HUFFMAN 04/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: NEFF, CHRISTINE Name: HUFFMAN, ELIZABETH

 Name
 Name
 Horrivan, ELIZABE

 Address:
 13454 HAYS ROAD
 Address:
 2125 KAREN DRIVE

 City-St-Zip:
 SPRING HILL, FL 34610 US
 City-St-Zip:
 LUTZ, FL 33558 US

Title: VSD () Delete Title: VSD (X) Change () Addition Name: JERRY, GARBER M Name: NEFF, CHRISTINE

 Address:
 P.O. BOX N/A
 Address:
 50510 MARTIN ROAD

 City-St-Zip:
 CITRA, FL 32113 US
 City-St-Zip:
 BARNES, WI 54873 US

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

 Name:
 NEFF, ERIC E
 Name:
 CHRISTY, JASON

 Address:
 13454 HAYS RD
 Address:
 4131 HEADSAIL DRIVE

City-St-Zip: SPRING HILL, FL 34610 US City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

Name: QUINN, STEVE Name: ROBBINS, NORA

Address: 37337 ORANGE BLOSSOM LANE Address: 7815 ROTTINGHAM ROAD

City-St-Zip: DADE CITY, FL 33525 US City-St-Zip: PORT RICHEY, FL 34668 US

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: ELIZABETH B. HUFFMAN PD 04/29/2007