## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004028

Entity Name: DRY NO RUST DOG INC.

FILED Mar 24, 2008 Secretary of State

2711 CENTERVILLE ROAD, SUITE 400 94 COTTAGEWOOD DR.

WILMINGTON, DE 19808 SAFETY HARBOR,, FL 34695 US

Current Mailing Address: New Mailing Address:

94 COTTAGEWOOD DRIVE SAFETY HARBOR, FL 34695

FEI Number: 20-2914705 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:

LEGG, WAYNETHE COMPANY CORPORATION3375 21ST PL SW2711 CENTERVILLE ROADLARGO, FL 33774USWILMINGTON, DE, FL 19808US

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: THE COMPANY CORPATION 03/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CRAWFORD, SHIRLEY
 Name:

 Address:
 94 COTTAGEWOOD DRIVE
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

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

 Name:
 THE COMPANY CORPORAT, ION
 Name:
 LEGG, WAYNE V

 Address:
 2711 CENTERVILLE ROAD STE 400
 Address:
 3375 21ST PLACE S.W.

 City-St-Zip:
 WILLINGTON, DE 19808
 City-St-Zip:
 LARGO, FL 337744 US

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

 Name:
 LEGG, WAYNE
 Name:

 Address:
 23781 US HWY 27 STE 328
 Address:

 City-St-Zip:
 LAKE WALES, FL 338297802
 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY M. CRAWFORD CPST 03/24/2008