

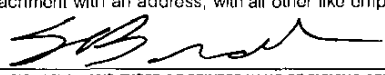


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90017 020 \*\*\*150.00

<b>DOCUMENT # F06000006457</b>			
1. Entity Name <b>BULLDOG CONSULTANTS, INC.</b>			
Principal Place of Business <b>9436 W LAKE MEAD BLVD STE 11-L LAS VEGAS NV 89134-8342</b>		Mailing Address <b>9436 W LAKE MEAD BLVD STE 11-L LAS VEGAS NV 89134-8342 1310 Short Drive Amory, MS 38821</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1310 Short Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Amory MS</b>	
Zip	Country	Zip <b>38821</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>INCORP SERVICES, INC. 17888 67TH CT N LOXAHATCHEE FL 33470</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>4/15/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRANDON, STEVE 9436 W LAKE MEAD BLVD STE 11-L LAS VEGAS NV 89134-8342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FOWLKES, PATSY L 9436 W LAKE MEAD BLVD STE 11-L LAS VEGAS NV 89134-8342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE <b>4/15/07</b> 662 315 0678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



1st MOORE CR2E034 (10/06)