

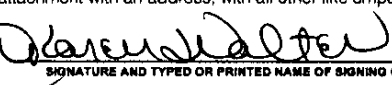


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90413 032 \*\*\*\*70.00

<b>DOCUMENT # F97000005338</b>					
1. Entity Name <b>MIGHTY MUTTS, INC.</b>					
Principal Place of Business <b>PO BOX 140139 BROOKLYN, NY 11214-0139 US</b>			Mailing Address <b>PO BOX 140139 BROOKLYN, NY 11214-0139</b>		
2. Principal Place of Business		3. Mailing Address		 03152006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>11-3260202</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALTER, KAREN</b> <b>201 DEER PARK AVE</b> <b>TEMPLE TERRACE, FL 33617</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HAMM, PHYLLIS</b>	NAME			
STREET ADDRESS	<b>302 DEER PARK AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>D'AVERSA, JOSEPH D</b>	NAME	<b>V.P. D'AVERSA, JOSEPH</b>		
STREET ADDRESS	<b>23 MERYL LANE</b>	STREET ADDRESS	<b>23 MERYL LANE</b>		
CITY-ST-ZIP	<b>CHERRY HILL, NJ 08002</b>	CITY-ST-ZIP	<b>CHERRY HILL, NJ 08002</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MIELE, ANTHONY D.V.M.</b>	NAME			
STREET ADDRESS	<b>7624 NEW UTRECHT AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKLYN, NY 11214</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HALLACK, HEATHER</b>	NAME			
STREET ADDRESS	<b>36 W. 35TH ST #1A</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK, NY 10001</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CONTINO, JOHN T</b>	NAME	<b>T. CONTINO, JOHN T</b>		
STREET ADDRESS	<b>40 SHANAHAN LANE</b>	STREET ADDRESS	<b>40 SHANAHAN LANE</b>		
CITY-ST-ZIP	<b>BORDENTOWN, NJ 08505</b>	CITY-ST-ZIP	<b>BORDENTOWN, NJ 08505</b>		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALTER, KAREN</b>	NAME	<b>V.P. WALTER, KAREN</b>		
STREET ADDRESS	<b>201 DEER PARK AVE.</b>	STREET ADDRESS	<b>201 DEER PARK AV.</b>		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>KAREN WALTER, VP</b> 4/26/06 (813) 988-2536					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	

ATTACHMENT

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continuation of Block 11

MIGHTY MUTTS, INC.

DOCUMENT # F97000005338

11.

<b>Title:</b>	<b>P (President)</b>	<b>(ADDITION)</b>
<b>Name:</b>	<b>George Clayton</b>	
<b>St. Address:</b>	<b>22 Kamar Court</b>	
<b>City, State, Zip:</b>	<b>Middletown, NJ 07748</b>	

Karen Walter, VP 4/26/06  
KAREN WALTER