


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

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000005338		
1. Entity Name MIGHTY MUTTS, INC.		
Principal Place of Business PO BOX 140139 BROOKLYN, NY 11214-0139 US	Mailing Address PO BOX 140139 BROOKLYN, NY 11214-0139	



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3260202	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER, KAREN
201 DEER PARK AVE
TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, PHYLLIS 302 DEER PARK AVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AVERSA, JOSEPH D 23 MERYL LANE CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIELE, ANTHONY D.V.M. 7824 NEW UTRECHT AVE BROOKLYN, NY 11214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, GEORGE 22 KAMAR COURT MIDDLETOWN, NJ 07748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONTINO, JOHN T 40 SHANAHAN LANE BORDENTOWN, NJ 08505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER, KAREN 201 DEER PARK AVE. TEMPLE TERRACE, FL 33617

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05/27/08-80069-010170100

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: Karen Walter Date: 4/28/08 (813) 758-1568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #