## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

| 1. Entity Nam                                      | B DOG DEN, INC.  |  |                                      |   |   | ary or zease   |
|--|--|--|--------------------------------------|---|---|--|
| Principal Plac<br>473 NE 20 S<br>BOCA RATON        | T - 473  | ing Addréss<br>3 NE 20 ST<br>CA RATON, FL 33431 US                       | S                                    |   |   |  |
| <b>&gt;</b>  |  |  |                                      |   |   |  |
|  |  |  |                                      |   |   |  |
| DO NOT WRITE IN THIS SPAC                          |  |  | CE                                   | 03172005 No C  4. FEI Number 59-2371351  5. Certificate of Status |   | Applied For Not Applicable  \$8.75 Additional              |
|  | 6. Name and Address of Current Register  | red Agent  |                                      | J. Ostinioate of States   |   | Fee Required   |
| 473 N.E. 2   | MADELINE<br>0TH STREET<br>TON, FL 33431  | 1  |                                      |   | T WRIT  | <b>\</b>   |
|  | named entity submits this statement for the puritions of registered agent.  Signature, typod or printed name of registered agent and little if a |  | ed office or registe                 |   | State of Florida, I an                          |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00  | <ol> <li>Election Campaign Finar<br/>Trust Fund Contribution.</li> </ol> |                                      | .00 May Be<br>ded to Fees   |   |  |
| 10.  | OFFICERS AND DIRECT  | ORS  |                                      |   | #XX burn  | , , , , , , , , , , , , , , , , , , ,                      |
| NAME STREET ADDRESS CITY+ST-ZIP                    | PD<br>CORONA, MADELINE<br>473 NE 20TH ST<br>BOCA RATON, FL 33431   |  | ·                                    |   | The name of the same                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | :  | ; •  |                                      | 197   | 1990-80002-<br>9705-80002-                      | 4<br>-802 158.80   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  | , 'T   |                                      | DO NO   | T WRIT  | ; -  <br>E   |
| NAME STREET ADDRESS CITY-ST-ZIP                    |  |  |                                      | IN THIS   | S SPAC  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  |  |                                      |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  |  |                                      |   |   | -  |
| 12. I hereby indicated                             | certify that the information supplied with this filln<br>I on this report or supplemental report is true an                                      | ng does not qualify for the exe<br>d accurate and that my signa          | mption stated in Stated in State the | ection 119.07(3)(i), Florida<br>same legal effect as if ma        | a Statutes. I further c<br>ade under oath; that | ertify that the information<br>I am an officer or director |