


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 30, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000005014</b> 1. Entity Name <b>CANINE CUSHION COMPANY, LLC</b>	
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Principal Place of Business <b>750 WEST HERMITAGE ROAD ROME, GA 30161 US</b>	Mailing Address <b>216 KELSEY LANE TAMPA, FL 33619</b>
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01202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0627015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASH, ALAN 216 KELSEY LANE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, HARRY D 216 KELSEY LANE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOFFMAN, DAVID L 216 KELSEY LANE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOFFMAN, JEFFREY 216 KELSEY LANE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/06-80113-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Alan S. Baker HARRY D. BAKER 1-20-06 / (813) 626-0090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #