2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N00000001154

Entity Name: FLORIDA BOXER RESCUE, INC.

Current Principal Place of Business:

6151 SEQUOIA DR
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

6151 SEQUOIA DR.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3630500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVA, SEMANIE
6151 SEQUOIA DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEINERT, ASHLIE
Address: 580 TREASURE ROAD
City-St-Zip: VENICE, FL 34293

Title: V ( ) Delete
Name: CLEMENTS, SANDY
Address: 6808 APPLEWOOD DRIVE
City-St-Zip: WESLEY CHAPET, FL 33544

Title: T ( ) Delete
Name: DEROME, TERI
Address: 2327 7TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: SD ( ) Delete
Name: SEMANIE, EVE
Address: 6151 SEQUOIA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: HUNDLEY, ANITA
Address: 1770 HYMOR DRIVE
City-St-Zip: DELAND, FL

Title: D ( ) Delete
Name: BUKLAD, CYNTHIA
Address: 23088 TURNBULL AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLEMENT, SANDY
Address: 6808 APPLEWOOD DR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: V (X) Change ( ) Addition
Name: BIGSBY, COLLEEN
Address: 2347 MERRILY CIRCLE S
City-St-Zip: SEFFNER, FL 33584

Title: T (X) Change ( ) Addition
Name: DELANEY, CAROL
Address: 4043 SNOWY EGRET DR
City-St-Zip: MELBOURNE, FL 32904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DEINERT, ASHLIE
Address: 2608 BELVIDERE ST
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY CLEMENT PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date