2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003115

FILED Mar 20, 2009 Secretary of State

Entity Name: SOUTHWEST GREAT DANE RESCUE, INC.

Current P	rincipal Place	of Business:	New Principal Plac	e of Business:	
	H STREET E ΓΟΝ, FL 34208				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	H STREET E FON, FL 34208				
El Number	: 65-1016488	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
3005 65TH	K, CONSTANCE H STREET E FON, FL 34208				
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
FFICER	Electroni S AND DIRECT			Date GES TO OFFICERS AND DIRECTOR	
OFFICER itle: lame: .ddress: city-St-Zip:	S AND DIRECT	TORS: Delete ISTANCE EET E			
itle: lame: ddress: itty-St-Zip: itle: lame: ddress:	PD () BORWICK, CON 3005 65TH STR BRADENTON, F	Delete ISTANCE EET E L 34208 Delete EIE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
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itle: lame: .ddress:	PD () BORWICK, COM 3005 65TH STR BRADENTON, F VTD () CLOWS, VALER 1600 BERN CRE SARASOTA, FL SD () FREEMAN, DEB P.O. BOX 2187 ENGLEWOOD, 1	Delete ISTANCE EET E L 34208 Delete EEK LOOP 34240 Delete BIE FL 34295 Delete EY	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CONSTANCE BORWICK PD 03/20/2009