2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002940

Entity Name: FEDERAL WOLF-DOG RESCUE, INC.

FILED Aug 31, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7949 ULMERTON RD LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** 7949 ULMERTON RD LARGO, FL 33771 FEI Number: 03-0379539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEDNAR, DAWN 7949 ULMERTON RD LARGO, FL 33771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BEDNAR, DAWN Name: Name: Address: 7957 ABERDEEN CIRCLE Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, LUREE Name: Name: Address: 661TAMARIND LANE Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition HORN, GABRIEL Name: Name: 4419 PORPOISE DR SE Address: Address: City-St-Zip: ST PETERSBURG, FL 33705 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: HAYES, CEANN Name: TOPPER, SANDY 1862 SHORE ACRES BLVD Address: Address: 17324 WHIRLEY RD ST PETERSBURG, FL 33704 City-St-Zip: City-St-Zip: LUTZ, FL 33558 Title: Title: () Delete () Change () Addition KROUT, AMY Name: Name: 4419 PORPOISE DR SE Address: Address: ST PETERSBURG, FL 33705 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition RITCH, SHANE WATSON, PAM Name: Name: Address: PO BOX 9127 Address: 13914 HENSON CIR LARGO, FL 33773 TAMPA, FL 33625 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAWN BEDNAR D 08/31/2004