

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000002940 1. Entity Name FEDERAL WOLF-DOG RESCUE, INC.						FILED 06 FEB -7 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA PREVIOUS FILE # 05-06 0212005 REIN-NP CR2E099 (6/04)	
Principal Place of Business 7949 ULMERTON RD LARGO, FL 33771				Mailing Address 7949 ULMERTON RD LARGO, FL 33771			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 03-0379539				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEDNAR, DAWN 7949 ULMERTON RD LARGO, FL 33771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Dawn Bednar</i> President				DATE 02/29/06			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BEDNAR, DAWN 7957 ABERDEEN CIRCLE LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Joanne Strinka 2608 2nd Ave N St. Petersburg, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LUREE 661 TAMARIND LANE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sue Timm 2609 Burlington Ave St. Petersburg, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, GABRIEL 4419 PORPOISE DR SE ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	400067457524 03/09/06--01020--013 **131.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPER, SANDY 17324 WHIRLEY RD LUTZ, FL 33558	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROUT, AMY 4419 PORPOISE DR SE ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WATSON, PAM 13914 HENSON CIR TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pam Watson, Pam 13914 Henson Cir Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Dawn Bednar</i> Dawn Bednar 02/29/06 (727) 536-3670							