

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 27, 2006**  
**Secretary of State**

DOCUMENT# N02000002940

**Entity Name:** FEDERAL WOLF-DOG RESCUE, INC.**Current Principal Place of Business:**7949 ULMERTON RD  
LARGO, FL 33771**New Principal Place of Business:****Current Mailing Address:**7949 ULMERTON RD  
LARGO, FL 33771**New Mailing Address:****FEI Number:** 03-0379539**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BEDNAR, DAWN  
7949 ULMERTON RD  
LARGO, FL 33771 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:** DP ( ) Delete  
**Name:** BEDNAR, DAWN  
**Address:** 7957 ABERDEEN CIRCLE  
**City-St-Zip:** LARGO, FL 33771**Title:** VD ( ) Delete  
**Name:** STRINKA, JOANNE  
**Address:** 2608 2ND AVE. N.  
**City-St-Zip:** ST.PETERSBURG, FL 33713**Title:** D ( ) Delete  
**Name:** HORN, GABRIEL  
**Address:** 4419 PORPOISE DR SE  
**City-St-Zip:** ST PETERSBURG, FL 33705**Title:** D ( ) Delete  
**Name:** KROUT, AMY  
**Address:** 4419 PORPOISE DR SE  
**City-St-Zip:** ST PETERSBURG, FL 33705**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** BEDNAR, DAWN  
**Address:** 7957 ABERDEEN CIRCLE  
**City-St-Zip:** LARGO, FL 33773 US**Title:** D (X) Change ( ) Addition  
**Name:** BEDNAR, ALLAN  
**Address:** 7957 ABERDEEN CIR  
**City-St-Zip:** LARGO, FL 33773 US**Title:** D (X) Change ( ) Addition  
**Name:** HORN, GABRIEL  
**Address:** 4419 PORPOISE DR SE  
**City-St-Zip:** ST PETERSBURG, FL 33705 US**Title:** D (X) Change ( ) Addition  
**Name:** KROUT, AMY  
**Address:** 4419 PORPOISE DR SE  
**City-St-Zip:** ST PETERSBURG, FL 33705 US**Title:** D ( ) Change (X) Addition  
**Name:** BITTING, MICHAEL  
**Address:** 19893 33RD DR  
**City-St-Zip:** WELLBORN, FL 32094 US**Title:** D ( ) Change (X) Addition  
**Name:** BITTING, BEVERLY  
**Address:** 19893 33RD DR  
**City-St-Zip:** WELLBORN, FL 32094 US

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: DAWN BEDNAR

DP

06/27/2006

Electronic Signature of Signing Officer or Director

Date