2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008632

Entity Name: D.O.R.A. D.O.G., INC

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1325 CAMP AVE. MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 1325 CAMP AVE MOUNT DORA, FL 32757 FEI Number: 04-3735136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRADY, FRANK 1325 CAMP AVE MOUNT DORA, FL 32757 US 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 TOMBOW, KENTON Name: Name: 1251 EAST 8TH AVENUE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete GRADY, FRANCIS T Name: GRADY, FRANCIS T Name: Address: 1325 CAMP AVENUE Address: 1325 CAMP AVENUE City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: () Delete Title: (X) Change () Addition MILLER, WILLIAM BALLARD, LINDA Name: Name: 1735 LAKESHORE DRIVE 25348 CRESTWATER DR. Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: LEESBURG, FL 34748 () Delete Title: Title: CS (X) Change () Addition EDES. LEE Name: Name: CONLEY, LOIS 9059 LAUREL RIDGE RD. Address: Address: 24705 DERBY DRIVE City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: SORRENTO, FL 32776 Title: () Delete Title: RS (X) Change () Addition ACOSTA, MARJORIE KEER, DEBBIE Name: Name: 1177 E. 5TH AVE. 2101 DURHAM CRT. Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32756 Title: () Delete Title: () Change (X) Addition ACOSTA, MAJORIE Name: Name: Address: Address: 1177 E 5TH AVE. MOUNT DORA, FL 32757 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 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: MARJORIE ACOSTA D 04/29/2006