2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N03000006461

Entity Name: WECARE ROTTWEILER RESCUE, INC.

Current Principal Place of Business:

P.O. BOX 690
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIN, WALT
P.O. BOX 690
DELEON SPRINGS, FL 32130 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: PD ( ) Delete
Name: KUEHL, ROSEMARY
Address: 5275 SOCIETY WAY
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VD ( ) Delete
Name: RUBIN, CAROLINE
Address: 416 NW 3RD ST.
City-St-Zip: WEBSTER, FL 33597

Title: STD ( ) Delete
Name: RUBIN, WALT
Address: 5275 SOCIETY WAY
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: WALT RUBIN STD 04/30/2006

Electronic Signature of Signing Officer or Director — Date