

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006461

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: WECARE ROTTWEILER RESCUE, INC.

## Current Principal Place of Business:

P.O. BOX 690  
DELEON SPRINGS, FL 32130

## New Principal Place of Business:

690  
DELEON SPRINGS, FL 32130

## Current Mailing Address:

P.O. BOX 690  
DELEON SPRINGS, FL 32130

## New Mailing Address:

P.O. BOX 690  
DELEON SPRINGS, FL 32130

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:

RUBIN, WALT  
690  
DELEON SPRINGS, FL 32130 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: WALT RUBIN

04/27/2007

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 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

04/27/2007

Electronic Signature of Signing Officer or Director

Date