

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2006
Secretary of State**

DOCUMENT# N03000006675

Entity Name: HOPE'S HAVEN-CHINESE CRESTED & HAIRLESS DOG RESCUE, INC.**Current Principal Place of Business:**2204 E IDLEWILD AVE
TAMPA, FL 33610**New Principal Place of Business:**1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128**Current Mailing Address:**2204 E IDLEWILD AVE
TAMPA, FL 33610**New Mailing Address:**1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128

FEI Number: 20-0097230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WREN, RICKLENE J
2204 E IDLEWILD AVE
TAMPA, FL 33610 US**Name and Address of New Registered Agent:**CORNOG, STACIA S
1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128 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: STACIA S. CORNOG

05/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: WREN, RICKLENE J
Address: 2204 E IDLEWILD AVE
City-St-Zip: TAMPA, FL 33610Title: V () Delete
Name: HENSLEY, STACY
Address: 4018 RENTON AVE. S.
City-St-Zip: SEATTLE, WA 98108Title: T () Delete
Name: CORNOG, STACIA
Address: 1091 CRYSTAL CREEK DR.
City-St-Zip: PORT ORANGE, FL 32128Title: CS () Delete
Name: BAUGHMAN, MICHELLE
Address: 1404 N. CLINTON BLVD.
City-St-Zip: BLOOMINGTON, IL 61701Title: RS (X) Delete
Name: WAGNER, CYNDI
Address: 4220 S. 350 W.
City-St-Zip: NORTH JUDSON, IN 46366**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: BAUGHMAN, MICHELLE
Address: 1404 N. CLINTON BLVD.
City-St-Zip: BLOOMINGTON, IL 61701Title: V (X) Change () Addition
Name: HENSLEY, STACY
Address: P.O. BOX 28957
City-St-Zip: SEATTLE, WA 98118Title: T (X) Change () Addition
Name: CORNOG, STACIA S
Address: 1091 CRYSTAL CREEK DR.
City-St-Zip: PORT ORANGE, FL 32128Title: S (X) Change () Addition
Name: WAGNER, CYNDI
Address: 4220 S. 350 W.
City-St-Zip: NORTH JUDSON, IL 46366Title: () 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: STACIA S. CORNOG

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05/26/2006

Electronic Signature of Signing Officer or Director

Date