

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N03000006675

Entity Name: HOPE'S HAVEN-CHINESE CRESTED & HAIRLESS DOG RESCUE, INC.

Current Principal Place of Business:

1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 20-0097230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNOG, STACIA S
1091 CRYSTAL CREEK DR.
PORT ORANGE, FL 32128 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: P () Delete
Name: BAUGHMAN, MICHELLE
Address: 507-1/2 E. LOCUST
City-St-Zip: BLOOMINGTON, IL 61701

Title: V () Delete
Name: HENSLEY, STACY
Address: P.O. BOX 28957
City-St-Zip: SEATTLE, WA 98118

Title: T () Delete
Name: CORNOG, STACIA S
Address: 1091 CRYSTAL CREEK DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: S (X) Delete
Name: WAGNER, CYNDI
Address: 4220 S. 350 W.
City-St-Zip: NORTH JUDSON, IL 46366

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAUGHMAN, MICHELLE
Address: 1409 N. OAK ST.
City-St-Zip: BLOOMINGTON, IL 61701

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: STACIA S. CORNOG

T

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date