


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90055 030 \*\*\*\*61.25

<b>DOCUMENT # N04000002695</b> 1. Entity Name <b>COASTAL POODLE RESCUE, INC.</b>					
Principal Place of Business <b>408 ST. GEORGES CT. SATELLITE BEACH, FL 32937</b>			Mailing Address <b>P.O. BOX 121142 MELBOURNE, FL 32912</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DECKER, ROBYN 2633 NE 3RD ST. BOYNTON BCH, FL 33435</b>			7. Name and Address of New Registered Agent Name <b>HARRIET PRINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1593 STAFFORD AVENUE</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32952</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Harriet A. Prine</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			1-19-06 <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DECKER, ROBYN</b> <b>2633 NE 3RD ST.</b> <b>BOYNTON BCH, FL 33435</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GERALD BECHTEL</b> <b>101 NESBIT STREET N.E.</b> <b>PALM BAY, FL 32907-1532</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRINE, HARRIET</b> <b>1593 STAFFORD AVE.</b> <b>MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SAVELA, CORINA</b> <b>7731 GREENBORO DRIVE</b> <b>W MELBOURNE, FL 32904</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LINDA A. PICKETT</b> <b>5905 N. TROPICAL TRAIL</b> <b>MERRITT ISLAND, FL 32953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BONGIORNO, LEEANN</b> <b>1196 APPLECREEK LANE</b> <b>ROCKLEDGE, FL 32955</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LINDA HILLIARD</b> <b>408 ST. GEORGES COURT</b> <b>SATELLITE BEACH, FL 32937</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Linda A. Pickett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Jan 18, 2006</u> (321) 459-0336 <small>Date Daytime Phone #</small>		