2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# N04000002695

Entity Name: COASTAL POODLE RESCUE, INC.

Current Principal Place of Business:

408 ST. GEORGES CT.
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121142
MELBOURNE, FL 32912

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:

PRINE, HARIET
1593 STAFFORD AVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

PRINE, HARIETT
1593 STAFFORD AVE
MERRITT ISLAND, FL 32952 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: HARRIET PRINE 02/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BECHTEL, GERALD
Address: 101 NESBIT ST NE
City-St-Zip: PALM BAY, FL 329071532

Title: P ( ) Delete
Name: PRINE, HARRIET
Address: 1593 STAFFORD AVE.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete
Name: PICKETT, LINDA A
Address: 5905 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S ( ) Delete
Name: HILLIARD, LINDA
Address: 408 ST GEORGES CT
City-St-Zip: SATELLITE BEACH, FL 32937

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:

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: LINDA A PICKETT T 02/07/2007
Electronic Signature of Signing Officer or Director Date