2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N04000007884

Entity Name: D.O.G.S TO C.L.A.S. INC

Current Principal Place of Business:

27365 GUADALOUPE LANE
RAMROD, FL 33042

New Principal Place of Business:

Current Mailing Address:

27365 GUADALOUPE LANE
RAMROD, FL 33042

New Mailing Address:

FEI Number: 73-1723640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, NANCY A
27365 GUADALOUPE LANE
RAMROD, FL 33042 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: COB ( ) Delete
Name: LEWIS, NANCY A
Address: 27365 GUADALOUPE LANE
City-St-Zip: RAMROD, FL 33042 US

Title: DIR ( ) Delete
Name: SEXTON, MARSHA
Address: 30180 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: DIR ( ) Delete
Name: ERB, LINDA
Address: 2423 NAPLES ROAD
City-St-Zip: BIG PINE KEY, FL 33043

Title: DIR ( ) Delete
Name: HINTZE, PATRICIA
Address: P.O.BOX 430934
City-St-Zip: BIG PINE KEY, FL 33043 US

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 Section 119.07(3)(i), 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: NANCY A. LEWIS COB 04/28/2005

Electronic Signature of Signing Officer or Director — Date