


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 021 ****61.25

DOCUMENT # N04000010645	
1. Entity Name UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.	

Principal Place of Business 2101 NE 2ND PL WILLISTON, FL 32696	Mailing Address 3124 SHELTER AVE GAINESVILLE, GA 30506
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40069300



2. Principal Place of Business - No P.O. Box # 21081 NE 2ND PL	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-0699931	Applied For <input type="checkbox"/> Not Applicable
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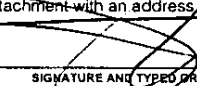
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, MARTHA M TREAS 21081 NE 2ND PLACE WILLISTON, FL 32696	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAWLEY, ROY 21081 NE 2ND PL WILLISTON, FL 32696 <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	VD DEFORCE, MEG 2401 WILDERNESS DR S FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEFORCE, MEG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESHER, PAM 375 WELLINGTON AVE OLDSMAR, FL 34677 <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	TD MARTIN, MARTHA 3124 SHELTER COVE GAINESVILLE, GA 30506 <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	D STERN, GARY 3124 SHELTER COVE GAINESVILLE, GA 30506 <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	D CAWLEY, BARBARA 21081 NE 2ND PL WILLISTON, FL 32696 <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.	
SIGNATURE:  MARTHA M. MARTIN	Date 4/17/07 Daytime Phone # 770-287-7323

ATTACHMENT
H0069306

UNITED SUNSHINE STATE PORTUGUESE WATER DOG, INC.
DOCUMENT # N04000010645

ADDITIONAL DIRECTORS

TITLE	D
NAME	BURMEISTER, LUCILLE
STREET ADDRESS	13300 SW 109 CT
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	D
NAME	LEATHER, JUDY
STREET ADDRESS	510 KINCAID CEMETARY RD.
CITY-ST-ZIP	COLBERT, GA 30628

TITLE	D
NAME	HOCH, HOPE
STREET ADDRESS	375 WELLINGTON AVE
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	D
NAME	ZUSMAN, PHYLLIS
STREET ADDRESS	111 S. HALE AVENUE
CITY-ST-ZIP	TAMPA, FL 33609