


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90020 006 \*\*\*\*61.25

<b>DOCUMENT # N04000011156</b>	
<b>1. Entity Name</b> SUPERIOR MUTTS DOGGIE RESCUE INC	

<b>Principal Place of Business</b> 800 ELLWOOD AVENUE ORLANDO FL 32804 US	<b>Mailing Address</b> P O BOX 561340 ORLANDO FL 32856 US
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  MURPHY, CHRISTOPHER 800 ELLWOOD AVENUE ORLANDO FL 32804		<b>7. Name and Address of New Registered Agent</b>	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when resetting) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<b>NAME</b> MURPHY, CHRISTOPHER <b>STREET ADDRESS</b> 800 ELLWOOD AVE <b>CITY-ST-ZIP</b> ORLANDO FL 32804	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BD	<b>NAME</b> PLAYMES, CONNIE <b>STREET ADDRESS</b> 8209-43 SUN SPRINGS CIRCLE <b>CITY-ST-ZIP</b> ORLANDO FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BD	<b>NAME</b> MICHAEL, VEHORN <b>STREET ADDRESS</b> 8442 LE MESA ST. <b>CITY-ST-ZIP</b> ORLANDO FL 32827	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BD	<b>NAME</b> JOHNS, VALERI <b>STREET ADDRESS</b> 3721 PENINSULAR DR. <b>CITY-ST-ZIP</b> ORLANDO FL 32809	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<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 Section 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:**  **4/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR