2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N04000011156

Entity Name: SUPERIOR MUTTS DOGGIE RESCUE INC

Current Principal Place of Business:

800 ELLWOOD AVENUE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 561340
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 20-1946884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, CHRISTOPHER
800 ELLWOOD AVENUE
ORLANDO, FL 32804 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:	P	( ) Delete
Name:	MURPHY, CHRISTOPHER	
Address:	800 ELLWOOD AVE	
City-St-Zip:	ORLANDO, FL 32804 US	
Title:	BD	( ) Delete
Name:	HAYMES, CONNIE	
Address:	8209-43 SUN SPRINGS CIRCLE	
City-St-Zip:	ORLANDO, FL 32825	
Title:	BD	( ) Delete
Name:	MICHAEL, VEHORN	
Address:	8442 LE MESA ST.	
City-St-Zip:	ORLANDO, FL 32827	
Title:	BD	( ) Delete
Name:	JOHNS, VALERI	
Address:	3721 PENINSULAR DR.	
City-St-Zip:	ORLANDO, FL 32809	

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 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: CHRISTOPHER MURPHY MR. 06/18/2009
Electronic Signature of Signing Officer or Director — Date