2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# N05000002782

Entity Name: SKYWAY BORDER COLLIE RESCUE, INC.

Current Principal Place of Business:

9121 36 AVE E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

9121 36 AVE E
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-2611424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORAN, AMBER
9121 36 AVE E
PALMETTO, FL 34221 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: D ( ) Delete
Name: HORAN, AMBER
Address: 9121 36 AVE E
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: HORAN, MARCIA
Address: 9121 36 AVE S
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: KUNDINGER, SARAH
Address: 520 MERCERS FERNERY RD
City-St-Zip: DELAND, FL 32720

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:

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: AMBER HORAN D 02/21/2007

Electronic Signature of Signing Officer or Director — Date