2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2006
Secretary of State

DOCUMENT# N05000005702

Entity Name: BULLMASTIFF RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

3899 KINGSTON OAKS CR
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3899 KINGSTON OAKS CR
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 04-3817832 **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:

MULLEN, MICKEY E
3899 KINGSTON OAKS CR
OVIEDO, FL 32765 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: DP ( ) Delete
Name: MULLEN, MICKEY E
Address: 3899 KINGSTON OAKS CR
City-St-Zip: OVIEDO, FL 32765

Title: DV ( ) Delete
Name: MULLEN, JOHN R
Address: 3899 KINGSTON OAKS CR
City-St-Zip: OVIEDO, FL 32765

Title: DST ( ) Delete
Name: BERKEBILE, ROBIN L
Address: 3899 KINGSTON OAKS CR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: NEWMAN, MARSHA
Address: 1691 BOMI CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: DST (X) Change ( ) Addition
Name: TONONI, CHRISTINA L
Address: 4814 EAGLESHAM
City-St-Zip: ORLANDO, FL 32826

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: MICKEY E. MULLEN DP 07/04/2006

Electronic Signature of Signing Officer or Director — Date