## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004635

ONENT# 14000000-000

FILED Apr 27, 2007 Secretary of State

Entity Name: LAKELAND DOG SPORTS, INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:
	LMAN DRIVE D, FL 33805			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	LMAN DRIVE D, FL 33805			
FEI Number	: 20-4652593	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	AT E MORTON DR D, FL 32801	IVE US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	ubmits this statement for the p		d office or registered agent, or both,  Date
in the Stat	e of Florida. RE:	c Signature of Registered Ag	ent	
n the Stat SIGNATU  OFFICER  Fitle: Name: Address:	e of Florida.  RE: Electroni  S AND DIRECT	c Signature of Registered Ag F <b>ORS:</b> Delete RA DRIVE	ent	Date
in the Stat	e of Florida.  RE: Electroni  S AND DIRECT  D () CRAIG, BARBAR 3236 CULLMAN LAKELAND, FL	c Signature of Registered Agr  FORS:  Delete RA  DRIVE 33805  Delete  ANE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU  OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electroni  S AND DIRECT  D () CRAIG, BARBAF 3236 CULLMAN LAKELAND, FL  D () IOZZIO, KATHY 4240 SPRING L. LAKELAND, FL	c Signature of Registered Agronal Corporation of Registered Agronal Corpor	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: BARBARA CRAIG D 04/27/2007