


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000012474</b> 1. Entity Name <b>ANATOLIAN SHEPHERD DOGS INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>5430 C. R. 634 SOUTH BUSHNELL, FL 33513</b>	Mailing Address <b>P.O. BOX 429 BUSHNELL, FL 33513</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>52-1692639</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BALLESTER, HOLLY 5430 C. R. 634 SOUTH BUSHNELL, FL 33513</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>00000843769 03/12/08-80008-022 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, JENNIFER P.O. BOX 915 JAMUL, CA 91935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAYMOND, PAM 3525 GREATHOUSE RD WAXAHACHIE, TX 75167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYWARD, BETTY 11850 BRUIN DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALLESTER, HOLLY P.O. BOX 1686 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASCHE, JANICE 4145C WALNUT AVE CARMICHAEL, CA 95608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALFEN, AUDREY P.O. BOX 154 NEWPORT RICHEY, FL 34654

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Holly Ballester **2-22-08** **352-568-2557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #