2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# N06461

Entity Name: FLORIDA DOG GUIDES FOR THE DEAF, INC.

Current Principal Place of Business:

2016 27TH ST E
BRADENTON, FL 34208 US

New Principal Place of Business:

Current Mailing Address:

2016 27TH ST E
BRADENTON, FL 34208 US

New Mailing Address:

FEI Number: 38-2370342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKINSON, ARLENE
2116 27TH ST E
BRADENTON, FL 34208 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:	DICKINSON, ARLENE	
Address:	2116 27TH ST E	
City-St-Zip:	BRADENTON, FL 34208 US	
Title:	DS	( ) Delete
Name:	JOHNSON, KATHY	
Address:	3959 COLERIDGE PLACE	
City-St-Zip:	SARASOTA, FL 34241 US	
Title:	DP	( ) Delete
Name:	EVANS, BRIAN	
Address:	4515 26TH ST W, APT 801	
City-St-Zip:	BRADENTON, FL 34207 US	
Title:	DT	( ) Delete
Name:	LAWLER-WALTZ, ROBIN	
Address:	3004 34TH AVE DR W	
City-St-Zip:	BRADENTON, FL 34205 US	
Title:	DV	( ) Delete
Name:	EVANS, VALERIE	
Address:	4515 26TH ST W, APT 108	
City-St-Zip:	BRADENTON, FL 34207 US	
Title:	D	( ) Delete
Name:	NASH, PAUL	
Address:	2016 27TH ST E	
City-St-Zip:	BRADENTON, FL 34208 US	

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:	
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: ARLENE DICKINSON D 01/19/2007

Electronic Signature of Signing Officer or Director — Date