


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000248		
1. Entity Name PUPPIES UNDER PROTECTION, INC.		
Principal Place of Business 1128 ROYAL PALM BEACH BLVD. #246 ROYAL PALM BEACH, FL 33411 US	Mailing Address 4930 129TH AVE NO ROYAL PALM BEACH, FL 33411 US	



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0477802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STRACK, JEANNE 4930 129TH AVE N ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000605332
01/30/07-80031-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRACK, JEANNE 4930 129TH AVE NO ROYAL PALM BCH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRACK, KARL H 4930 129TH AVE NORTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRACK, JEANNE 4930 129TH AVE NORLTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUTREY, LAURA 13156 NORTH ROAD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD COSTAIN, JENNIFER 15629 79TH COURT NO. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD STRACK, STEPHANIE 4123D PALM BAY CIRCLE WEST PALM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2007

Date Daytime Phone #