


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-23-2007 90030 034 *****70.00
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001553					
1. Entity Name TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.					
Principal Place of Business 3642 HIGH PINE DRIVE CORAL SPRINGS, FL 33065 US		Mailing Address 3642 HIGH PINE DRIVE CORAL SPRINGS, FL 33065 US			
2. Principal Place of Business - No P.O. Box # 7500 Forest Hill Blvd		3. Mailing Address 634 Davis Rd			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State West Palm Beach, FL		City & State Delray Beach, FL		4. FEI Number 65-0488705	
Zip 33413		County USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADAIR, JANET K 3642 HIGH PINE DRIVE CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Phyllis DOBRICK 634 DAVIS RD Delray Beach FL 33445		
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 Phyllis DOBRICK <i>Phyllis Dobrick</i> DATE 2/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLANCY, KIM 14019 ASTER AVENUE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phyllis DOBRICK 634 DAVIS RD Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEZENDORF, MAITE D 11319 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEANNE WATSON 129 HAMMOCKS COURT WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAIR, JANET K 3642 HIGH PINE DRIVE CORAL SPRINGS, FL 330656011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEACH, PEGGY 714 TALLAPOOSA ST WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JP 2/28</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 Phyllis DOBRICK <i>Phyllis Dobrick</i> DATE 2/21/07 (561) 278 9240 <small>Signature and typed or printed name of signing officer or director</small>					