

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001553

FILED
Jan 07, 2008
Secretary of State

Entity Name: TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7500 FOREST HILL BLVD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

634 DAVIS RD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0488705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOBRICK, PHYLLIS
634 DAVIS RD
DELRAY BEACH, FL 33445 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: PD () Delete
Name: CLANCY, KIM
Address: 14019 ASTER AVENUE
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: DEZENDORF, MAITE D
Address: 11319 57TH ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: DOBRICK, PHYLLIS
Address: 634 DAVIS RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: WATSON, JEANNE
Address: 129 HAMMOCKS COURT
City-St-Zip: WEST PALM BEACH, FL 33413

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:

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: PHYLLIS DOBRICK

TD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date