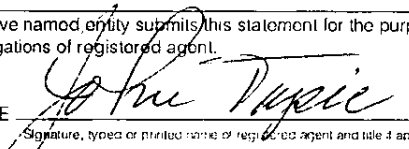


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 001 ****61.25

DOCUMENT # N94000002872			
1. Entity Name SOUTH FLORIDA LABRADOR RETRIEVER CLUB, INC.			
Principal Place of Business 4685 NW 113 AVE SUNRISE FL 33323 US		Mailing Address 4685 NW 113 AVE SUNRISE FL 33323 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TAPIE, JOHN 4685 N W 113 AVENUE SUNRISE FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	X Sec. KINARD, LIZ 11020 SW 163 ST MIAMI FL 33175 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Cathy Springer 4110 S.W. 111 TERR DAVIE, FL 33328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BERRY, DEBBIE 5200 SW 196 LANE FORT LAUDERDALE FL 33332 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARY WOOD 5501 S.W. 84 ST MIAMI, FL. 33143 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	\$ P HUPP, WENDY 8009 SW 30 ST DAVIE FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DON ZINN 721 CYPRESS POINT DR. E. PEMBROKE PINES, FL 33027 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T TAPIE, JOHN 4685 NW 113 AVE SUNRISE FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SUE ZINN 721 CYPRESS POINT DR. E. PEMBROKE PINES, FL. 33027 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARNETT, PETE 546 STONEMONT DR WESTON FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAURA ZISMAN 8240 S.W. 91 ST MIAMI, FLA 33156 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAPIE, NANCY 4685 NW 113 AVE SUNRISE FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

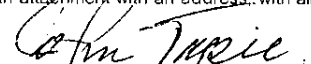


1st MOORE CR2E037 (10/06)

4. FEI Number **65-0546669** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JOHN TAPIE TREASURER** **1-18-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #