

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002739

1. Entity Name
THE FLORIDA AMERICAN ESKIMO DOG ASSOCIATION, INC.



Principal Place of Business
**5977 STAR GRASS LANE
 NAPLES, FL 34116**

Mailing Address
**5977 STAR GRASS LANE
 NAPLES, FL 34116**



03232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0702041 Applied For
 Not Applicable

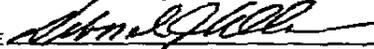
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, DEBORAH J
 5977 STAR GRASS LANE
 NAPLES, FL 34116**

DO NOT WRITE IN THIS SPACE

6. 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 **3/29/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GALLOWAY, KIM 1330 OPAL CIR LAWRENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, DEBORAH J 5977 STAR GRASS LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WELLS, BETTY 11067 117TH LANE NORTH LARGO, FL 34648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/06-80073-006 61.25

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:  DATE **3/29/06** Daytona Phone # **239-352-6682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR