


**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
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0702041	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 ALLEN, DEBORAH J 5977 STAR GRASS LANE NAPLES, FL 34116

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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 <u>3/29/06</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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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 <u>3/29/06</u>	DEPT. PHONE # <u>239-352-6682</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		