

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 04, 2005
Secretary of State

DOCUMENT# N96000006098

Entity Name: DALMATIAN RESCUE, INC.**Current Principal Place of Business:**P.O. BOX 640108
NORTH MIAMI BEACH, FL 33164**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 640108
NORTH MIAMI BEACH, FL 33164**New Mailing Address:****FEI Number:** 52-2006801**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DANE, PATRICIA
P.O. BOX 640108
NORTH MIAMI BEACH, FL 33164 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: DANE, PATRICIA
Address: P.O. BOX 640108
City-St-Zip: NORTH MIAMI BEACH, FL 33164

Title: VPD () Delete
Name: DANE, MARK
Address: P.O. BOX 640108
City-St-Zip: NORTH MIAMI BEACH, FL 33164

Title: TD () Delete
Name: MACDONELL, ALEC
Address: 6030 SW 183RD WAY
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: SD () Delete
Name: MOLLER, IRM
Address: 697 NE 72ND ST.
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, PHILLIP
Address: 162 BEVIER ST.
City-St-Zip: BINGHAMTON, NY 13904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA DANE

PRES

12/04/2005

Electronic Signature of Signing Officer or Director

Date