2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006098

Entity Name: DALMATIAN RESCUE, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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P.O. BOX 640108 972 N.E. 151ST STREET

NORTH MIAMI BEACH, FL 33164 NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

P.O. BOX 640108

NORTH MIAMI BEACH, FL 33164

FEI Number: 52-2006801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DANE, PATRICIA DANE, PATRICIA 972 NE 151ST ST. 972 N.E. 151ST ST.

NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

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: PATRICIA DANE 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 DANE, PATRICIA
 Name:
 DANE, PATRICIA MRS.

 Address:
 972 NE 151ST ST.
 Address:
 972 N.E. 151ST. ST.

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

 Name:
 DANE, MARK
 MARK
 MMR.

 Address:
 972 NE 151ST ST.
 Address:
 972 N.E. 151ST. ST.

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete Title: TD (X) Change () Addition Name: SMITH, PHILLIP J MR.

Address: 162 BEVIER ST. Address: 14995 N.E. 9TH AVE.
City-St-Zip: BINGHAMTON, NY 13904 City-St-Zip: MIAMI, FL 33161

Title: SD () Delete Title: SD (X) Change () Addition Name: MOLLER, IRM Name: MCKINZEY, MICHAEL &ALICE

 Address:
 697 NE 72ND ST.
 Address:
 7921 VENTURE CENTER WAY #1101

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:
 BOYNTON BEACH,, FL 33437

Title: () Delete Title: T () Change (X) Addition
Name: Name: KUTCHER, RICHARD/PAMELA
Address: 5960 SOUTH SABLE CIRCLE

City-St-Zip: City-St-Zip: MARGATE, FL 33063

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 HOOD, JOE & LORA

 Address:
 Address:
 16523 RUBY LAKE

 City-St-Zip:
 City-St-Zip:
 WESTON,, FL 33331

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: PATRICIA DANE PD 04/27/2007