2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# N99000003097

Entity Name: TOY DOG CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4612 MILLCOVE DR
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4612 MILLCOVE DR
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 52-2343474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEARSON, CHRISTINE
4612 MILLCOVE DR
ORLANDO, FL 32812 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: NACHMAN, DIANE
Address: P.O. BOX 521960
City-St-Zip: LONGWOOD, FL 32752 19

Title: SD ( ) Delete
Name: BROWNE, DONNA
Address: 4612 MILLCOVE DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete
Name: PEARSON, CHRISTINE
Address: 4612 MILLCOVE DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: VD ( ) Delete
Name: VANEK, DEL
Address: P.O.BOX 521960
City-St-Zip: LONGWOOD, FL 32752 19

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHRISTINE PEARSON TRES 05/09/2007

Electronic Signature of Signing Officer or Director — Date