2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N99000003729

Entity Name: INTERNET MINIATURE PINSCHER SERVICE, INC.

Current Principal Place of Business:

P O BOX 111863
NAPLES, FL 341080132 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 111863
NAPLES, FL 341080132 US

New Mailing Address:

FEI Number: 59-3582782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, SUSAN
765 BRENTWOOD POINT
NAPLES, FL 341107915 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:	PTD	( ) Delete
Name:	LYONS, SUSAN	
Address:	765 BRENTWOOD POINT	
City-St-Zip:	NAPLES, FL 341107915	
Title:	VD	( ) Delete
Name:	DURAND, PETIE H	
Address:	55 E 72ND ST	
City-St-Zip:	NEW YORK, NY 10021	
Title:	VD	( ) Delete
Name:	GIAMMUSSO, VINCENT	
Address:	82 MALAGA TERRACE	
City-St-Zip:	MALAGA, NJ 08328 US	
Title:	SD	( ) Delete
Name:	NIGLIO, CINDY	
Address:	3990 68TH AVE. N.	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	D	( ) Delete
Name:	SALERNO, PHYLLIS	
Address:	31 BUTTERMILK LANE	
City-St-Zip:	BRANFORD, CT 06405	
Title:	D	( ) Delete
Name:	BOYETTE, EDWINA	
Address:	1609 SOUTHWOOD RD.	
City-St-Zip:	CANUTILLO, TX 79835	

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:	
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 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: SUSAN LYONS PTD 01/12/2006

Electronic Signature of Signing Officer or Director — Date