

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003729

FILED
Jan 09, 2007
Secretary of State

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:

765 BRENTWOOD POINT
NAPLES, FL 341107915 US

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
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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

01/09/2007

Electronic Signature of Signing Officer or Director

Date