# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2006**
**Secretary of State**

DOCUMENT# N99000003838

**Entity Name:** THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.

**Current Principal Place of Business:**

8333 W. MCNAB RD.
STE 127
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8333 W. MCNAB RD.
TAMARAC, FL 33321

**New Mailing Address:**

8333 W. MCNAB RD.
SUITE 127
TAMARAC, FL 33321

**FEI Number: 65-0945017** **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:**

COHEN, ROBERT H
8333 W. MCNAB RD.
STE 127
TAMARAC, FL 33321 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: VPD ( ) Delete
Name: LEONARDO, MICHELLE
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete
Name: COHN, ROBERT
Address: C/O 8333 MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete
Name: COHEN, SUSAN
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: VD ( ) Delete
Name: HOOVER, RANDALL
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: WINGER, LYNNE B
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: HOOVER, AMY B
Address: C/O 8333 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition
Name: COHEN, ROBERT H
Address: C/O 8333 MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

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: ROBERT H. COHEN TD 07/05/2006
Electronic Signature of Signing Officer or Director — Date