2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004209

FILED Feb 17, 2006 Secretary of State

Entity Name: FLORIDA COCKER SPANIEL RESCUE, INC.

Current Principal Place of Business: New Principal Place of Business:

LOVE ON PAWS 4635 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639

Current Mailing Address: New Mailing Address:

FCSR FCSR

 4726 69TH COURT EAST
 27117 HICKORY HILL RD

 PALMETTO, FL 34421
 BROOKSVILLE, FL 34602

FEI Number: 59-3581852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CANSLER, CAROL 27117 HICKORY HILL RD BROOKSVILLE, FL 34602 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change() Addition

 Name:
 CANSLER, CAROL
 Name:

 Address:
 27117 HICKORY HILL RD
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 346028290
 City-St-Zip:

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

 Name:
 RICHARDSON, TIM
 Name:
 RICHARDSON, TIM

 Address:
 4726 69TH COURT EAST
 Address:
 4528 HOLLY TREE LN

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 MORRISTOWN, TN 37814

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

 Name:
 RICHARDSON, DONNA
 Name:
 RICHARDSON, DONNA

 Address:
 4726 69TH COURT EAST
 Address:
 4528 HOLLY TREE LN

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 MORRISTOWN, TN 37814

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: DONNA RICHARDSON TS 02/17/2006