## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000046672

City-St-Zip:

LONGWOOD, FL 32750

Entity Name: DOG ENTERPRISES, INC.

FILED Apr 26, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MROSE DRIV D, FL 32803	E			
Current Mailing Address:			New Mailing Address:		
	MROSE DRIV D, FL 32803	E			
FEI Number	: 59-3644761	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	KELL AVE., SU				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TS ( DIJULIO, THEI 3 KATELYN'S BROOMALL, F	WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GILES, PATRI	S LANDING ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( VARMA, BOB 610 CROWN (	) Delete DAK CENTRE	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PATRICIA S GILES MS 04/26/2005