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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

3

DOCUMENT # P01000015915

1. Entity Name
ME AND MY DOG TRAINING SCHOOL, INC.

Principal Place of Business	Mailing Address
13131 TARPON SPRINGS RD ODESSA, FL 33556	13131 TARPON SPRINGS RD ODESSA, FL 33556

66007173

02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3703491 We have it.
☑ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKERMAN, DORTE
13131 TARPON SPRINGS RD.
ODESSA, FL 33556

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MS. P Presidant/DIR
NAME	ZUCKERMAN, DORTE
STREET ADDRESS	13131 TARPON SPRINGS RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MR. V
NAME	ZUCKERMAN, DAVID SR. OFFICER Vicepresident
STREET ADDRESS	12326 BERKELEY SQ
CITY-ST-ZIP	TAMPA, FL. 33626
TITLE	MS. S
NAME	ZUCKERMAN, KAREN OFFICER
STREET ADDRESS	COUNTRY WHITE CIRCLE 12352
CITY-ST-ZIP	TAMPA, FL 33635 Secretary
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorte Zuckerman 2-28-07 8139262639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #