

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044594

FILED  
Mar 18, 2006  
Secretary of State

Entity Name: DOGGONE FUN DOGGIE DAY CARE, INC.

**Current Principal Place of Business:**

407 SILVER OAK LANE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

5467 MAPLE STREET  
HOUSTON, TX 77096

**New Mailing Address:**

FEI Number: 59-3715600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROYLES, ROB  
5467 MAPLE STREET  
HOUSTON, TEXAS, FL 77096 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROYLES, GWEN  
Address: 5467 MAPLE STREET  
City-St-Zip: HOUSTON, TX 77096

Title: D ( ) Delete  
Name: BROYLES, ROB  
Address: 5467 MAPLE STREET  
City-St-Zip: HOUSTON, TX 77096

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN BROYLES

D

03/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date