05/18/2005 10:11 7275304854 RISTORCELLI

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90006 024 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043384

1. Entity Name
TOP DOG TRAINING, INC.

Principal Place of Business	Mailing Address
5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710	5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710

05182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2877 20th Ave N	2877 20th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg FL	City & State: St. Petersburg FL
Zip: 33713 Country: USA	Zip: 33713 Country: USA

4. FEI Number: 01-0663876 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISTORCELLI, PETER J 5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710	Name: Carrie A Silva Street Address (P.O. Box Number is Not Acceptable): 2877 20th Ave N City: St. Petersburg FL Zip Code: 33713

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: [signature] Carrie A Silva 5/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: SILVA, CARRIE A STREET ADDRESS: 5285 36TH AVE. NORTH CITY-ST-ZIP: ST. PETERSBURG, FL 33710	☐ Delete	TITLE: NAME: STREET ADDRESS: 2877 20th Ave N CITY-ST-ZIP: St. Petersburg, FL 33713 ☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] CarrieASilva 5/18/05 727 5427104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #