2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082072

City-St-Zip:

FILED Feb 14, 2006 Secretary of State

| Entity Nar | ne: FOUR FO | ORTY ONE PUPPIES AND GF | ROOMING INC. | | | |
|--|-------------------------------|--------------------------------|---|---|--------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
| | TE ROAD 7 OOD, FL 3302 | 3 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | H STATE ROA OOD, FL 3302 | | | | | |
| FEI Number: | 48-1270277 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired (X) | |
| Name and | Address of C | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| SILVERMAN, LLOYD 4491 S. STATE ROAD 7 #314 DAVIE, FL 33311 US | | | WORTH, TAMMY M 5111 SW 100TH AVE FT LAUDERDALE, FL 33328 US | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUR | RE: TAMMY | M WORTH | | 02/14/2006 | | |
| | | nic Signature of Registered Ag | ent | | Date | |
| | | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: | |) Delete | Title: | (| () Change () Addition | |
| Name: | WORTH, TAMN | | Name: | | | |
| Address: | 5111 S.W. 100 | | Address: | | | |
| City-St-Zip: | FI. LAUDERDA | ALE, FL 33328 US | City-St-Zip: | | | |
| Title: | PRES (|) Delete | Title: | Р (| (X) Change()Addition | |
| Name: | TAMMY, WOR | | Name: | TAMMY, WO | | |
| Address: | 5111 SW 100 | TH AVE | Address: | 5111 SW 10 | OTH AVE | |
| City-St-Zip: | FT LAUDERDA | LE, FL 33328 US | City-St-Zip: | FT LAUDERD | DALE, FL 33328 US | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Zip: | T (WHETSTONE 2131 N 62 AV HOLLYWOOI | /E | |
| Title: Name: | () |) Delete | Title: Name: Address: | S (MARION, JEN | | |

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.

City-St-Zip:

DANIA BCH, FL 33004

SIGNATURE: TAMMY M WORTH Ρ 02/14/2006