

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119801

FILED
Apr 29, 2005
Secretary of State

Entity Name: PUPPY EMPORIUM OF PALM BEACHS INC.

Current Principal Place of Business:

3095 S. MILITARY TRAIL
SUITE 5
LAKE WORTH, FL 334632108

New Principal Place of Business:

1502 LAKE OSBORNE DRIVE
SUITE 5
LAKE WORTH, FL 33461

Current Mailing Address:

3095 S. MILITARY TRAIL
SUITE 5
LAKE WORTH, FL 334632108

New Mailing Address:

1502 LAKE OSBORNE DRIVE
SUITE 5
LAKE WORTH, FL 33461

FEI Number: 65-0998015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WYMAN, ROBERT
3095 S. MILITARY TRAIL
SUITE 5
LAKE WORTH, FL 334632108 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: WELD, MARGUERITE
Address: 3095 S. MILITARY TRAIL SUITE 5
City-St-Zip: LAKE WORTH, FL 334632108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WELD, MARGUERITE
Address: 1502 LAKE OSBORNE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

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.

SIGNATURE: MARGUERITE WELD

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date