


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 025 ***150.00

DOCUMENT # P03000005715			
1. Entity Name PRECIOUS PUPPY OF PALM BEACH, INC.			
Principal Place of Business 6080 EAGLES NEST DRIVE JUPITER FL 33458		Mailing Address 6080 EAGLES NEST DRIVE JUPITER FL 33458	
2. Principal Place of Business		3. Mailing Address 204 Banyanwood Pk	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JUPITER, FL	
Zip	Country	Zip	Country
33458	USA	33458	USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CAWTHRA, SHERRY A 6080 EAGLE NEST DR. JUPITER, FL 33458		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWTHRA, SHERRY	NAME	
STREET ADDRESS	6080 EAGLE NEST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSBEL, MELLANIE	NAME	
STREET ADDRESS	6080 EAGLE NEST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Mellanie Goldsobel 4/25/05 561-743-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #