FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90060 047 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020422

1. Entity Name
WORLD KENNEL CLUB INTERNATIONAL, INC.

40003804

Principal Place of Business	Mailing Address
P.O.BOX 293175 FT LAUDERDALE, FL 33329-3175	P.O.BOX 293175 FT LAUDERDALE, FL 33329-3175

2. Principal Place of Business	3. Mailing Address
5600 SW 37 St	5600 SW 37 St
Suite, Apt. #, etc. Davie, Fl	Suite, Apt. #, etc. Davie, Fl
City & State 33314 Broward	City & State 33314 Broward
Zip — Country	Zip — Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 26-0060320 ☐ 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
MORSELLO, TYRONE 180 RIVER SUNRISE, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) 5600 SW 37 St Davie 33314 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 [signature] 1/19/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORSELLO, TYPONE P.O.BOX 293175 FT LAUDERDALE, FL 333293175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 SW 37 St Davie, Fl 33314	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/19/05 678 508 1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TYRONE MORSELLO PRESIDENT.