

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90026 018 \*\*\*150.00

<b>DOCUMENT # P03000020422</b> 1. Entity Name <b>WORLD KENNEL CLUB INTERNATIONAL, INC.</b>					
Principal Place of Business <b>5600 SW 37 ST DAVIE, FL 33314</b>			Mailing Address <b>5600 SW 37 ST DAVIE, FL 33314</b>		
2. Principal Place of Business <b>663 LAUFIN COURT.</b>		3. Mailing Address <b>PO BOX 818</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAWRENCEVILLE GA</b>		City & State <b>DAVIE FL</b>		4. FEI Number <b>26-0060320</b>	
Zip <b>GA 30043</b>		Country <b>us.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORSELLO, TYRONE 5600 SW 37 ST DAVIE, FL 33314</b>				7. Name and Address of New Registered Agent Name <b>MORSELLO, TYRONE</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORSELLO, TYPONE 5600 SW 37 ST DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY 663 LAUFIN COURT. LAWRENCEVILLE GA 30043.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <b>TYRONE MORSELLO PRES.</b> <b>5/13/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					