2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P03000047809 1. Entity Name AUTUMN DOGS, INC.								01-17-2006 90247 040 ***150.00				
Principal Plac 3111 PAYNE NEW PORT R	ST.	3111 PAY	Mailing Address 3111 PAYNE ST. NEW PORT RICHEY, FL 34655									
NEW TORT MORE, TE 34033								1 12541754 1	H Paita (iiki Ga kii Ba lii Ba	FIL a c ent a foul in F	I HEIN ETHE IT	ITARE AL EPOL
2. Principal P	lace of Busin	3. Mailing A	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.				01132006	Chg-P	CR2E03	4 (11/05)		
City & Stat	6	City & Sta	City & State				4. FEI Numb	-		<u> </u>	plied For	
Zip	Country			Zip Coun				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DRIER, JEFFREY M						Name						
3111 PAYNE ST NEW PORT RICHEY, FL 34655						Street Address (P.O. Box Number is Not Acceptable)						
·												
						City	re l'annual de la company de l					
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	OFFICERS AND DIRECTORS							ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
FITLE NAME	P,S Delete				TITLE		-				Change	Addition
STREET ADDRESS	311 PAYN	NE STREET		STRE			3111	PAYNE S	TREET			
CITY-ST-ZIP		RT RICHEY, FL 3465			- -	-ST-ZIP					-	
TITLE NAME	VP,T DRIER, CATHERINE A			☐ Delete ITITLE NAME							Change	Addition
STREET ADDRESS CITY-ST-ZIP	;	NË STREET	:E	s			3111	PAYNE S	TREET			
TITLE	NEW PORT RICHEY, FL 34655					-ST-ZIP					☐ Change	Addition
NAME					NAM	-					—	
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STREET ADDRESS	STRE					et address						
CITY-ST-ZIP				7 0-1-4-		-ST-ZIP	<u> </u>				□ 0h	Addition
TITLE NAME	Delete TITLE										Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
12. I hereby o	ertify that the	e information supplied w	ith this filing does	not qualify fo		-ST-ZIP	ontained	in Chanter 11	9 Florida Statutos I	further corti	v that the in	formation
indicated	on this repo	rt or supplemental repor	t is true and accur	ate and that r	ny signa	ture shall h	ave the	same legal effe	ct as if made under	oath; that I a	n an officer	or director

14. I nereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JM Di JEFFREY M Drier

1/13/06

813-431-1537 Devime Phone #