2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056908

Entity Name: BOW WOW BOUTIQUE INC

FILED Nov 14, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

37015 WATERSIDE DRIVE 27227 SR 5

ZEPHYRHILLS, FL 33541 US WESLEY CHAPEL, FL 33544 US

Current Mailing Address: New Mailing Address:

37015 WATERSIDE DRIVE 27227 SR 56

ZEPHYRHILLS, FL 33541 US WESLEY CHAPEL, FL 33544 US

FEI Number: 30-0177518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGLIANO, JOHN A JR

3007 SAN CARLOS STREET

TAMPA, FL FLORIDA US

MAZURKIEWICZ, DEANA L

37015 WATERSIDE DR

ZEPHYRHILLS, FL FLORIDA US

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: DEANA MAZURKIEWICZ 11/14/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAGLIANO, DEANA L MAZURKIEWICZ, DEANA L PRES Name: Name: 37015 WATERSIDE DRIVE Address: 37015 WATERSIDE DRIVE Address: City-St-Zip: ZEPHYRHILLS, FL 33541 US City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: VP () Delete Title: () Change () Addition

 Name:
 MAZURKIEWICZ, PAUL JR
 Name:

 Address:
 37015 WATERSIDE DRIVE
 Address:

 City-St-Zip:
 ZEPHYRHILLS, FL 33541 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEANA MAZURKIEWICZ PRES 11/14/2008