
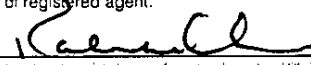
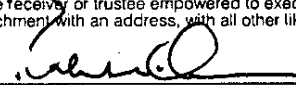


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 050 ***150.00

DOCUMENT # P04000019469 1. Entity Name DOGOLOGY CORP.			
Principal Place of Business 3505 ALMERIA AVENUE SARASOTA, FL 34239		Mailing Address 3505 ALMERIA AVENUE SARASOTA, FL 34239	
2. Principal Place of Business 6908 21st Street West		3. Mailing Address 6908 21st Street West	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State BRADENTON, FL		City & State BRADENTON, FL	
Zip 34207		Zip 34207	
Country 		Country 	
4. FEI Number 20-0691486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINE, ROBERT 3505 ALMERIA AVENUE SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Robert KLINE Street Address (P.O. Box Number is Not Acceptable) 6908 21st Street West City BRADENTON FL Zip Code 34207	
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  Robert KLINE DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete KLINE, ROBERT 3505 ALMERIA AVENUE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KLINE, Robert 6908 21st Street West BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete GALLIPO, SARAH 3505 ALMERIA AVENUE SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GALLIPO, SARAH 6908 21st Street West BRADENTON, FL 34207
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 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:  Robert KLINE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-25-05 Daytime Phone # _____	