## 2006 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P04000054553**

**1.** Entity Name
RAZZLE DAZZLE PAWS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~PO BOX 1245~~ ~~HOBE SOUND, FL 33475~~ | PO BOX 1245 HOBE SOUND, FL 33475 |

**2.** Principal Place of Business
6126 SE Federal Hwy

Suite, Apt. #, etc.

City & State
Stuart, FL

Zip
34997

Country

**3.** Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02052006    Chg-P    CR2E034 (11/05)

**4.** FEI Number
20-1071981
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** |
|---|---|
| SCHLEMMER, JACI 9406 SE MERCURY STREET HOBE SOUND, FL 33455 | Name Street Address (P.O. Box Number is Not Acceptable) 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, 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, 2006 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 **P** | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME WAGNER, JERI | | NAME | | | |
| STREET ADDRESS 11606 SW MEADOWLARK CIR. | | STREET ADDRESS | | | |
| CITY-ST-ZIP STUART, FL 34997 | | CITY-ST-ZIP | | | |
| TITLE **T** | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME SCHLEMMER, JACI | | NAME | | | |
| STREET ADDRESS PO BOX 1245 | | STREET ADDRESS | | | |
| CITY-ST-ZIP HOBE SOUND, FL 33475 | | CITY-ST-ZIP | | | |
| TITLE | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |

**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:** _Jaci Schlemmer_    2/9/06    772-341-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #