2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# P04000134305

Entity Name: IRONDOG INC.

Current Principal Place of Business:

10483 NW GRAY ROAD
CLARKSVILLE, FL 32430

New Principal Place of Business:

Current Mailing Address:

10483 NW GRAY ROAD
CLARKSVILLE, FL 32430

New Mailing Address:

FEI Number: 20-1732700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOXWORTH, DOUG
10483 NW GRAY ROAD
CLARKSVILLE, FL 32430 US

Name and Address of New Registered Agent:

FOXWORTH, AMY C
10483 NW GRAY ROAD
CLARKSVILLE, FL 32430 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: AMY C. FOXWORTH 02/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOXWORTH, DOUG
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: VP ( ) Delete
Name: FOXWORTH, AMY
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: S ( ) Delete
Name: FOXWORTH, DOUG
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: T ( ) Delete
Name: FOXWORTH, DOUG
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOXWORTH, AMY C
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: VP (X) Change ( ) Addition
Name: FOXWORTH, LEVI S
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: S (X) Change ( ) Addition
Name: FOXWORTH, JOSHUA C
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

Title: T (X) Change ( ) Addition
Name: FOXWORTH, JOSHUA C
Address: 10483 NW GRAY RD.
City-St-Zip: CLARKSVILLE, FL 32430

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY C. FOXWORTH P 02/25/2007
Electronic Signature of Signing Officer or Director Date