


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90262 006 \*\*\*150.00

<b>DOCUMENT # P04000141911</b>	
1. Entity Name <b>CLASSY DOG COLLARS INC.</b>	

Principal Place of Business <b>3057 NE 49TH STREET FT. LAUDERDALE, FL 33308</b>	Mailing Address <b>3057 NE 49TH STREET FT. LAUDERDALE, FL 33308</b>
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2. Principal Place of Business <b>9340 Stingray Lane</b>	3. Mailing Address <b>9340 Stingray Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boynton Beach, FL</b>	City & State <b>Boynton Beach, FL</b>
Zip <b>33437</b>	Zip <b>33437</b>
Country <b>USA</b>	Country <b>USA</b>



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>BEHRMAN, JOY E 3057 NE 49TH STREET FT. LAUDERDALE, FL 33308 9340 Stingray Lane Boynton Bch, FL 33437</b>	
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4. FEI Number <b>20-1777049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 <b>DIR.</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEHRMAN, JOY E</b>		NAME	
STREET ADDRESS <b>3057 NE 49TH STREET</b>	<b>9340 Stingray Lane</b>	STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33308</b>	<b>Boynton Bch, FL 33437</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 