


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90200 017 ***150.00

DOCUMENT # P05000032177		
1. Entity Name CHILLY PUPS, INC.		

Principal Place of Business 1247 DEERBOURNE DRIVE WESLEY CHAPEL, FL 33543 US	Mailing Address 1247 DEERBOURNE DRIVE WESLEY CHAPEL, FL 33543 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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04252007 Chg-P CR2E034 (12/06)



8. Name and Address of Current Registered Agent BRYANT, DANIELLE ← BYRNE DANIEL 31105 SATIN LAKE LANE ← 31105 SATIN LEAF LANE WESLEY CHAPEL, FL 33543 <i>SAME PERSON - WRONG SPELLING.</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 renewing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P BYRNE, DANIEL E 1247 DEERBOURNE DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BYRNE DANIEL E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31105 SATIN LEAF LANE WESLEY CHAPEL FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, BRUCE G <input checked="" type="checkbox"/> Delete 6205 FARTHING STREET TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO LONGER WITH CORPORATION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PERNA III, RICHARD J <input type="checkbox"/> Delete 29635 BIRDS EYE DRIVE WESLEY CHAPEL, FL 33543	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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07
Date

813-385-4319
Daytime Phone #