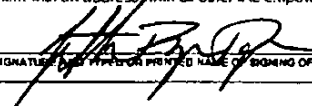


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 8:00 am
Secretary of State

04-03-2006 90385 031 ***150.00

DOCUMENT # P05000047009			
1. Entry Name DYESS BULLDOGS INC.			
Principal Place of Business 2719 SUNDANCE CIR. MULBERRY, FL 33860		Mailing Address 2719 SUNDANCE CIR. MULBERRY, FL 33860	
2. Principal Place of Business 3511 Christina Groves Cir., S		3. Mailing Address 3511 Christina Groves Cir. S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33813		Country Polk	
4. FEI Number 20-2519159		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYESS, JOHNATHAN B 2719 SUNDANCE CIR. MULBERRY, FL 33860		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3511 Christina Groves Cir. S City Lakeland FL Zip Code 33813	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing.)			
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 NAME STREET ADDRESS CITY-STATE-ZIP	D DYESS, JOHNATHAN B 2719 SUNDANCE CIR. MULBERRY, FL 33860 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Dyess, Johnathan B 3511 Christina Groves Cir. S Lakeland FL 33813 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SCHAEFER, HEATHER 2725 SUNDANCE PL. MULBERRY, FL 33860 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: 		3-14-2006	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	