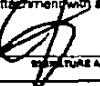


FILED
Aug 15, 2006 8:00 am
Secretary of State

05-03-2006 90195 031 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000050851			
1. Entity Name SUPER DOG TITLE COMPANY			
Principal Place of Business 399 WEST PALMETTO PARK RD. SUITE 108 BOCA RATON, FL 33432		Mailing Address 399 WEST PALMETTO PARK RD. SUITE 108 BOCA RATON, FL 33432	
2. Principal Place of Business 1499 W. Palmetto Park Rd. Suite, Apt. #, etc. 412		3. Mailing Address 1499 W. Palmetto Park Rd. Suite, Apt. #, etc. 412	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33486		Zip 33486	
Country US		Country US	
4. FEI Number 20-2777977		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTIN, JOSHUA 399 WEST PALMETTO PARK RD. 108 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Gerstin Joshua Street Address (P.O. Box Number is Not Acceptable) 1499 West Palmetto Park Rd. # 412 City Boca Raton FL Zip Code 33486	
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 4/24/06 NOTE: Registered Agent signature required when re-registering.			
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-ST-ZIP President Joshua Gerstin 1499 W. Palmetto Park Rd # 412, Boca Raton, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-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:  DATE 4/24/06 (JG) 750-3456 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			