2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90252 030 ***150.00

DOCUMENT # P05000093786

1. Entity Name
DANCING DOGS SERVICES INC.

Principal Place of Business	Mailing Address
18001 RICHMOND PLACE DR #437 TAMPA, FL 33647	18001 RICHMOND PLACE DR #437 TAMPA, FL 33647 US

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1441 AUSTRALIAN BLVD Suite, Apt. #, etc.	PO BOX 511177 Suite, Apt. #, etc.
City & State: PUNTA GORDA FL Zip: 33982 Country: USA	City & State: PUNTA GORDA FL Zip: 33951 Country: USA

4. FEI Number 20-3104378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOERL, STEPHANIE M 18001 RICHMOND PLACE DR #437 TAMPA, FL 33647	Name: Goerl, Stephanie M Street Address (P.O. Box Number is Not Acceptable): PO Box 511177 City: Punta Gorda FL Zip Code: 33951

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: Stephanie M Goerl Stephanie M Goerl 4/1/06
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOERL, STEPHANIE M 18001 RICHMOND PLACE DR #437 TAMPA, FL 33647	☐ Delete	P Goerl, Stephanie M PO Box 511177 Punta Gorda FL 33951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOERL, BRYAN H 18001 RICHMOND PLACE DR #437 TAMPA, FL 33647	☐ Delete	VP Goerl, Bryan H PO Box 511177 Punta Gorda FL 33951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Stephanie Goerl Stephanie M Goerl 4/1/06 8139712500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #