2006 FOR PROFIT CORPORATION

SIGNATURE

Mar 28, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P05000157715** 03-15-2006 90107 044 ***150.00 1. Entity Name WALK YOUR DOG, INC. Principal Place of Business Maifing Address ייטטח -1004 SW 4TH PLACE CAPE CORAL FL 33991 US 1004 SW 4TH PLACE CAPE CORAL FL 33991 2. Principal Place of Business 2400 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registr 7. Name and Address of New Registered Agent MARCHAND-BARR, MARY K Street Address (P.O. Box Number is Not Acceptable) 1004 SW 4TH PLACE CAPE CORAL FL 33991 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 numbred registered agent and tille if applicable (NOTE: Registered Agent signature required when intrestating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State : 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Celete TITLE ☐ Change ■ Addition MALKE MARCHAND-BARR, MARY K STREET ADDRESS 1004 SW 4TH PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 101[--Delete BRUG ☐ Charge Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 71P CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 gither like empowered.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2006

WALK YOUR DOG, INC. 1004 SW 4TH PLACE CAPE CORAL, FL 33991 US

Subject: WALK YOUR DOG, INC.

Reference Number:

P0500015771

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al ANNUAL REPORTS SECTION