2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P06000033949 04-18-2007 90150 003 ***150.00 1. Entity Name A POOCH'S PALACE, INC. Principal Place of Business Mailing Address 40066224 1010 OHIO AVE 1010 OHIO AVE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNAGIN, LENORA E Street Address (P.O. Box Number is Not Acceptable) 1014 DELAWARE AVE PALM HARBOR, FL 34683 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE CUNNAGIN, LENORA NAME NAME STREET ADDRESS 1010 OHIO AVE STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34683 Delete Change Addition TITLE TITLE ALBRITTON, KATHERINE C NAME STREET ADDRESS 1010 OHIO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Change ■ Addition TITLE 🗴 Delete TITLE MAGUIRE, MARY M NAME 1010 OHIO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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.

FILED

3/10/07

Daytime Phone