## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P06000054101  1. Entity Name SUPER DOGS, CORP				03-27-2007 90002 035 ***150.00				
Principal Place of Business 809 3RD STREET		Mailing Address 809 3RD STREET						
KEY WEST, FL 33040		KEY WEST, FL 33040		 		: <b>61</b> /11 <b>6</b> 711: \$1101 1101 1001 11	Tied: 11 IEA)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 20-	482307	4-   A	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DERESER, SYLVIA				Name				
809 3RD STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST, FL 33040						····		
			City	FL Zip Code				
	n named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent		gistered office or regist		h, in the State of Flo	rida. I am familiar with	, and accept	
						<u> </u>		
			i Financing \$: ution.	5.00 May Be ided to Fees				
10.	ay 1, 2007 Fee will be \$550.  OFFICERS AND	OO Trust Fund Contrib	tion. Ac		CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
10.	ay 1, 2007 Fee will be \$550.  OFFICERS AND	00 Trust Fund Contrib	11. TITLE		CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
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12. I hereby certify that the information supplied with this filing does not quality 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 26 07 305-296-5377