2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086795

Entity Name: DIVA DOGS, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	ALS EDGE B	LVD				
#9 BONITA SF	PRINGS, FL	34134				
Current Mailing Address:				New Mailing Add	roce	
Current W	alling Auur	:55.		New Maining Add	1622.	
28701 TRA #9	ALS EDGE B	LVD				
BONITA SPRINGS, FL 34134						
FEI Number:	71-1008018	FEIN	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current	Registered Agent:	Name and Addres	s of New Registered Agent:	
BONITA SF	ON COURT PRINGS, FL		US	ourness of shanging its regist	ared office or registered agent or both	
	of Florida.	Submit	s triis statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATUF	RE:					
	Electro	onic Sigr	ature of Registered Age	ent	Date	
Election Can	npaign Financi	ng Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP, (FOLEY, DEB 28962 SETOI BONITA SPRI	1 CT	34134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (FOLEY, DEB 28962 SETON BONITA SPRI	1 CT	34134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (FOLEY, DEB 28962 SETOI BONITA SPRI	1 CT	34134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FOLEY, DEB 28962 SETOI BONITA SPR	1 CT	34134	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH FOLEY VP 01/19/2009