## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000148962

Address: City-St-Zip:

BOCA RATON, FL 33433

**Entity Name:** DOGSTOWN UNIVERSITY, INC.

FILED Jan 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1807 S POWERLINE RD STE B109 1807 S POWERLINE RD STE B109 DEERFIELD BEACH, FL 33442 B-109 DEERFIELD BEACH, FL 33442 **Current Mailing Address: New Mailing Address:** 1807 S POWERLINE RD STE B109 1807 S POWERLINE RD STE B109 DEERFIELD BEACH, FL 33442 B-109 DEERFIELD BEACH, FL 33442 FEI Number: 20-8013859 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FEINGOLD, IRIS FEINGOLD, IRIS 1807 S POWERLINE RD STE B109 1807 S POWERLINE RD STE B109 DEERFIELD BEACH, FL 33442 B-109 DEERFIELD BEACH, FL 33442 US 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. SIGNATURE: IRIS FEINGOLD 01/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition FEINGOLD, IRIS Name: Name: 22841 WARRICK WOOD COURT Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FEINGOLD, NORMAN Name: 22841 WARRICK WOOD COURT Address: Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition FEINGOLD, ADAM Name: Name: 22841 WARRICK WOOD COURT Address:

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.

City-St-Zip:

SIGNATURE: IRIS FEINGOLD D 01/24/2009