

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90018 041 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000087130</b><br>1. Entity Name<br><b>BULLDOG PUPPY LAND, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| Principal Place of Business<br><b>1235 ISLAND SHORES DR<br/>WEST PALM BEACH, FL 33413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                                                                                                        | Mailing Address<br><b>1235 ISLAND SHORES DR<br/>WEST PALM BEACH, FL 33413</b>                                                                                                                                                             |                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     | 3. Mailing Address<br><b>119 Caroline Dr.</b>                                                                          |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| Suite, Apt. #, etc.<br><b>119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     | Suite, Apt. #, etc.<br><b>119</b>                                                                                      |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| City & State<br><b>W. P. B FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     | City & State<br><b>W. P. B FL</b>                                                                                      |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| Zip<br><b>33413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     | Country<br><b>U.S.</b>                                                                                                 |                                                                                                                                                                                                                                           | 4. FEI Number<br><b>26-0815013</b>                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUAREZ, CRISTHIAN<br/>1235 ISLAND SHORES DR<br/>WEST PALM BEACH, FL 33413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                                        |  |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>3/10/08</b><br/> <small>DATE</small> </div> </div>                                                                                    |                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                           |                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                     |                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>SUAREZ, CRISTHIAN</b> <input checked="" type="checkbox"/> Delete<br><b>1235 ISLAND SHORES DR</b><br><b>WEST PALM BEACH, FL 33413</b> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <b>P</b><br><b>Cristhian Suarez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>119 Caroline Dr.</b><br><b>W. P. B FL 33413</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| 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 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                                                                                        | <b>3/10/08 (561) 5064597</b><br><small>Date Daytime Phone #</small>                                                                                                                                                                       |                                                                                                                                                                        |  |