2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State 05-29-2008 90195 042 ***550.00

DOCUMENT # P07000097742 1. Entity Name STEVE'S CONEY ISLAND DOG HOUSE, INC						05-29-2008	90195 042 ***55	50.00
Principal Place	e of Business	Mailing Address						
		6208 54TH AVE. N. KENNETH CITY, FL 33709 US		L (53)(T81 (II) BT	RAIS (REUN ERBIA REUL) OCI	:: 	1 (
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	-0868	761 N	pplied For ot Applicable	
Zip	Country	Zip Countr		try		Status Desired	\$8.75 Ad Fee Require	ditional ed
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	Registered Agent	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD				Street Address (P.O. Box Number is Not Acceptable)				
SUITE A-100 TAMPA, FL 33612-3425								
				City	FL Zip Code			
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution				ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	IS IN 11
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR