

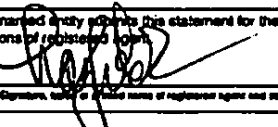
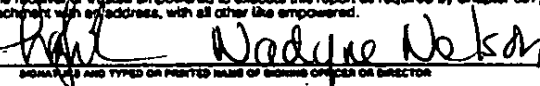
# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/18/2008-90013-035-\$550.00-\$550.00

FILED

08 SEP 15 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                    |                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000101152</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                    |                                                                      |  |  |
| 1. Entity Name<br><b>THE DOGSTARR ORGANIZATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                                    |                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>3807 CLINTON ROAD<br/>VALRICO, FL 33594 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                    | Mailing Address<br><b>3807 CLINTON ROAD<br/>VALRICO, FL 33594 US</b> |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                    | 3. Mailing Address                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                    | Suite, Apt. #, etc.                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                    | City & State                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                              | Zip                                                                                                                | Country                                                              | 4. FEI Number<br><b>74-323184</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                    |                                                                      | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>NELSON, NADYNE<br/>3807 CLINTON ROAD<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                    |                                                                      | 7. Name and Address of New Registered Agent                                       |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                    |                                                                      | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| 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:  DATE: <b>8/7/08</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                    |                                                                      |                                                                                   |  |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 12, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PV D <input type="checkbox"/> Delete | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NELSON GITLIN, JENNIFER              | NAME                                                                                                               |                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 709 SILLMORE STREET APT 8            | STREET ADDRESS                                                                                                     |                                                                      |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SAN FRANCISCO, CA 94117              | CITY - ST - ZIP                                                                                                    |                                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ST D <input type="checkbox"/> Delete | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NELSON, NADYNE                       | NAME                                                                                                               |                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3807 CLINTON ROAD                    | STREET ADDRESS                                                                                                     |                                                                      |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VALRICO, FL 33594                    | CITY - ST - ZIP                                                                                                    |                                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete      | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | NAME                                                                                                               |                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | STREET ADDRESS                                                                                                     |                                                                      |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | CITY - ST - ZIP                                                                                                    |                                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete      | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | NAME                                                                                                               |                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | STREET ADDRESS                                                                                                     |                                                                      |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | CITY - ST - ZIP                                                                                                    |                                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete      | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | NAME                                                                                                               |                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | STREET ADDRESS                                                                                                     |                                                                      |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | CITY - ST - ZIP                                                                                                    |                                                                      |                                                                                   |  |
| 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:  DATE: <b>9/10/09</b> (813) 746 2138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                    |                                                                      |                                                                                   |  |