


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000036179</b>	
<b>1. Entity Name</b> DEAD DOG PROPERTIES, INC.	

<b>Principal Place of Business</b> 135 SOUTH CENTRAL AVE BARTOW, FL 33830 US	<b>Mailing Address</b> 135 SOUTH CENTRAL AVE BARTOW, FL 33830 US
--	--

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3244089	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

HANSON, HOWARD E  
 135 S CENTRAL AVE  
 BARTOW, FL 33830

**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	HANSON, HOWARD E
<b>STREET ADDRESS</b>	135 S CENTRAL AVE
<b>CITY-ST-ZIP</b>	BARTOW, FL
<b>TITLE</b>	D
<b>NAME</b>	HANSON, SUSANNE M
<b>STREET ADDRESS</b>	135 S CENTRAL AVE
<b>CITY-ST-ZIP</b>	BARTOW, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

U00000732460  
 05/09/07-80046-022 150.00

**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:** *Howard E. Hanson* **HOWARD E HANSON** 4/24/07 863-593-1365