


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000096347
 1. Entity Name
 YELLOW DOG CAFE, INC.



Principal Place of Business 905 US HWY 1 MALABAR, FL 32950	Mailing Address 905 US HWY 1 MALABAR, FL 32950
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3350204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORTON, STUART J
 905 U.S. HWY. ONE
 MALABAR, FL 32950

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000653458
 03/13/07 00022-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORTON, STUART J
STREET ADDRESS	141 RIVERVIEW DRIVE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	D
NAME	TINIO-BORTON, NANCY MARIE
STREET ADDRESS	141 RIVERVIEW DRIVE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerments.

SIGNATURE: *Nancy Marie Tinio-Borton* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____