2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000025236

1. Entity Name
YELLOW DOG EATS, INC.

Principal Place of Business	Mailing Address
1236 HEMPEL AVE WINDMERE, FL 34786	1348 FAIRVIEW ST ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3388612	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, KATHRYN LEE
149 BEACH AVENUE
ATLANTIC BEACH, FL 32233

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 _____
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, 2007 Fee will be $550.00

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

U00000711107
04/25/07-80070-002 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	MORGAN, KATHRYN LEE	
STREET ADDRESS	149 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		
NAME		
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CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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.

407 540-9944

SIGNATURE: Kathryn Lee Morgan   Kathryn Lee Morgan   4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #