


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90009 023 ***150.00

DOCUMENT # P97000035269 1. Entity Name TAIL END KENNELS, INC.					
Principal Place of Business 10401 ORANGE DR DAVIE, FL 33338			Mailing Address 325 N.W. 106TH TERRACE PEMBROKE PINES, FL 33026		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10401 Orange Drive Suite, Apt. #, etc.			
City & State Zip Country		City & State Davie, FL 33338 Zip Country 33338		4. FEI Number 65-0745869	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLUM, MARNI 10401 ORANGE DR. DAVIE, FL 33338			7. Name and Address of New Registered Agent Name MARNI Lewis Street Address (P.O. Box Number is Not Acceptable) Same 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 <u>Marni Blum-Lewis</u> DATE <u>5/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BLUM, MARNI H (MARRIED) <input type="checkbox"/> Delete 10401 ORANGE DR. DAVIE, FL 33338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARNI Lewis 10401 Orange Drive Davie, FL 33338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete BLUM, MARNI H 10401 ORANGE DR. DAVIE, FL 33338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marni Blum-Lewis</u> MARNI Blum 5/25/05 954-888-1866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					