


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000073893 1. Entity Name A BOW-MEOW AFFAIR, INC.	
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Principal Place of Business 1638 SHETLAND TERRACE DUNEDIN, FL 34698-4452	Mailing Address PO BOX 1133 DUNEDIN, FL 34697-1133
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539855	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 BROOKS, SUE 1638 SHETLAND TERRACE DUNEDIN, FL 34698-4452

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000742017 05/15/07-80054-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROOKS, SUE 1638 SHETLAND TERRACE DUNEDIN, FL 346984452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAEDEL, KATHY 1736 BELLE MEADE CLEARWATER, FL 337552301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONG, ROSCOE E 1638 SHETLAND TERRACE DUNEDIN, FL 346984452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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.
SIGNATURE: <u>A. H. Lee</u> <u>Secretary</u> <u>4/18/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date Daytime Phone #