

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097063

Entity Name: DOG DAY AFTERNOON INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1015 SLIGH BLVD
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1015 SLIGH BLVD
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3544093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHWW, INC.
390 N. ORANGE AVENUE
1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHLANSKY, EMILY A
Address: 2508 BIG BEND TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: MUSCATELLO, FREDERICK
Address: 2508 BIG BEND TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: WALDROP, ANNA
Address: 5020 NATALIE ST
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: WEIGEL, KATHERINE
Address: 1927 GRAND ISLE CIRCLE 7228
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WEIGEL, KATHERINE
Address: 362 MOFFAT LOOP
City-St-Zip: ORLANDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY SCHLANSKY

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date