

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095806

Entity Name: ALPHA DOG INTERNATIONAL, INC.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

2068 VELA NORTE CIRCLE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

1015 ATLANTIC BOULEVARD
SUITE 276
ATLANTIC BEACH, FL 32233

Current Mailing Address:

PO BOX 51401
JACKSONVILLE BEACH, FL 322401401

New Mailing Address:

FEI Number: 59-3618644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEHMER, JOHN H
822 A1A NORTH, STE. 315
PONTE VEDRA BEACH, FL 32082 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: ZEHMER, JOHN
Address: 6620 SOUTHPOINT DR S SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: PTSD () Delete
Name: MICKLE, MICHAEL
Address: 2068 VELA NORTE CR.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL MICKLE

PTSD

03/11/2008

Electronic Signature of Signing Officer or Director

Date