2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S03244

1. Entity Name

DOG HOUSE STUDIO, INC.



Principal Place of Business

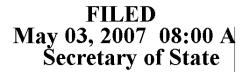
6238 PRESIDENTIAL CT

SUITE 5 FT MYERS, FL 33919 Mailing Address

6238 PRESIDENTIAL CT

SUITE 5

FT MYERS, FL 33919 U





	DO	NOT	WRITE	IN	THIS	SPACE
--	----	-----	-------	----	------	-------

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215056 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

TUSCAN, NELLIE J. 6238 PRESIDENTIAL CT STE 5 FT. MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.	ourpose of changing its registered o	ffice or	registered agent, or b	oth, in the State of Florida I am familiar with, and accept	_
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NQTE: Registered Age	nt signatur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	, _□	\$5.00 May Be Added to Fees	U00000758769 05/24/07-80015-014 150.00	_
10.	OFFICERS AND DIREC	CTORS				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TUSCAN, CHRISTOPHER S. 6238 PRESIDENTIAL CT STE 5 FT MYERS, FL 33919				e de la companya de l	``
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TUSCAN, NELLIE J. 5617 CORONADO COURT CAPE CORAL, F,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	ı
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						

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 alfother like empowered.

SICNATIID	┏.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE

AND TYPED OR PRINTED N

DINTED NAME OF SIGNING DESICE

NEILIE .

14/30/2007

239-433-3119 Daytime Phone #