



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 137596		2. Name of Corporation International Canine Exchange, Inc.			
3. Street Address Principal Business Office 1219 EAST MAIN ROAD		City MIDDLETOWN	State RI	Zip 02842	
4. Business Phone No. 4016400626		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island BREEDING, TRAINING, AND SALES OF DOGS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MATTHEW S. BETTS			Vice President Name		
Street Address 1219 EAST MAIN ROAD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name MATTHEW S. BETTS			Treasurer Name MATTHEW S. BETTS		
Street Address 1219 EAST MAIN ROAD			Street Address 1219 EAST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM	\$1.00 PAR VALUE		100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Matthew S. Betts Date 2/25/05  
MATTHEW S. BETTS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*137596 DBC 01/28/05 02:31:28 PM\*  
File Date 10/5/05  
Check No 10756  
By [Signature]  
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