

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002329

FILED
Feb 21, 2009
Secretary of State

Entity Name: K9 FORENSICS RECOVERY TEAM, INC.

Current Principal Place of Business:

8442 BEACH RD.
SPRING HILL, FL 34606

New Principal Place of Business:

18844 BASCOMB LANE
HUDSON, FL 34667

Current Mailing Address:

18844 BASCOMB LANE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 77-0593398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, HAROLD J JR
8442 BEACH RD
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

FERGUESON, LAURA
18844 BASCOMB LANE
HUDSON, FL 34667 US

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: LAURA FERGUERSON 02/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUTCHINSON, HAROLD JR
Address: 2072 CARSON AVE
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: FERGUERSON, TROY
Address: 2072 CARSON AVE
City-St-Zip: SPRING HILL, FL 34608

Title: TD () Delete
Name: BARATTA, CYNTHIA
Address: 14032 NEW CASTLE RD
City-St-Zip: SPRING HILL, FL 34608 US

Title: SD () Delete
Name: PETER, MARY
Address: 12411 TANSBORO ST
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERGUERSON, TROY
Address: 18844 BASCOMB LANE
City-St-Zip: HUDSON, FL 34667 US

Title: VP (X) Change () Addition
Name: PETRILLO, KENNETH
Address: 10124 PERTHSHIRE CIR
City-St-Zip: LAND O LAKES, FL 34638

Title: TD (X) Change () Addition
Name: FERGUERSON, LAURA
Address: 18844 BASCOMB LANE
City-St-Zip: HUDSON, FL 34667 US

Title: SD (X) Change () Addition
Name: PETRILLO, BRENDA
Address: 1345 SAFFRON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA FERGUERSON TD 02/21/2009
Electronic Signature of Signing Officer or Director Date