

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N08000005717

Entity Name: K-9 FOR LIFE, INC.

Current Principal Place of Business:

615 OVERLOOK DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

615 OVERLOOK DR.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 26-2837855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARGAS, MITSIE
Address: 615 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MORRIS, TIFFANI
Address: 615 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: GIBSON, MELISA
Address: 615 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GIBSON, MELISSA
Address: 615 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

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: MITSIE VARGAS, DVM

D

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date