I hereby 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 all other like empowered.	

SIGNATURE: SHARON E. AVILA

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1100008978

Entity Name: NATIONAL CENTER FOR K-9 TRAINING, INC.

Current Principal Place of Business:

7169 RED OAK LOOP NEW PORT RICHEY, FL 34654

Current Mailing Address:

7169 RED OAK LOOP NEW PORT RICHEY, FL 34654

FEI Number: 45-3539636

Name and Address of Current Registered Agent:

AVILA, SHARON E 7169 RED OAK LOOP NEW PORT RICHEY, FL 34654 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:

Officer/Director Detail :

Title	DIR	Title	DIR
Name	AVILA, SHARON E	Name	AVILA, SANTIAGO H
Address	7169 RED OAK LOOP	Address	7169 RED OAK LOOP
City-State-Zip:	NEW PORT RICHEY FL 34654	City-State-Zip:	NEW PORT RICHEY FL 34654

Date Electronic Signature of Registered Agent

DIRECTOR

Certificate of Status Desired: No

01/10/2014

FILED Jan 10, 2014 Secretary of State CC8984751939

Date