


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 009 ****61.25

DOCUMENT # P23272

1. Entity Name
CANINE COMPANIONS FOR INDEPENDENCE, INC.



Principal Place of Business
**2965 DUTTON AVE
SANTA ROSA, CA 95407 US**

Mailing Address
**P.O. BOX 446
SANTA ROSA, CA 95402-0446 US**

60025418



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03162006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

4. FEI Number
94-2494324

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P ROGAHN, TED	<input type="checkbox"/> Delete
STREET ADDRESS	3329 CANDLEWOOD STREET	
CITY-ST-ZIP	LAKEWOOD, CA 90712	
TITLE NAME	T BERGERON, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	419 LOST BROOKE DR, LPR	
CITY-ST-ZIP	ESTES PARK, CO 80517	
TITLE NAME	S WHITE, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6100 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE NAME	D GUREVITCH, RUSS	<input type="checkbox"/> Delete
STREET ADDRESS	6054 HYLAND WAY	
CITY-ST-ZIP	PENNGROVE, CA	
TITLE NAME	D LEVIN, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	ONE LOCUST STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA	
TITLE NAME	VP CROW, DEBRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4856 GENCANNON STREET	
CITY-ST-ZIP	SANTA ROSA, CA 95405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Treasurer William White	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE NAME	Secretary Jean Schultz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4900 Upper Ridge Road.,	
CITY-ST-ZIP	Santa Rosa, CA 95404	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice President Anne Gittinger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2033 1st Ave.,	
CITY-ST-ZIP	Seattle, WA 98121	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cony J...* **3/24/06** **707 577 1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #