

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# F07000000548

Entity Name: CANINE ASSISTANTS, INC.

Current Principal Place of Business:

3160 FRANCIS ROAD
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

3160 FRANCIS ROAD
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-1974410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIREWOODS LLP
BANK OF AMERICA TOWER
50 NORTH LAURA ST., SUITE 3300
JACKSONVILLE, FL 32202 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: P () Delete
Name: ARNOLD, JENNIFER
Address: 3160 FRANCIS ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: S () Delete
Name: BRUNER, KENT
Address: 3160 FRANCIS ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: T () Delete
Name: ARNOLD, GARY
Address: 3160 FRANCIS ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: GODDARD, KATHI MS.
Address: 3018 HABERSHAM ROAD
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: SCOTT, DAVID MR.
Address: 5257 BROOKE FARM DRIVE
City-St-Zip: DUNWOODY, GA 30338

Title: D () Delete
Name: WILLIAMS, ROWLAND MR.
Address: 7111 PINE TREE ROAD
City-St-Zip: RICHMOND, VA 23229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: GARY ARNOLD

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date