


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N02000001503</b><br>1. Entity Name<br><b>CANINE COMPANIONS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>290 FICUS TREE DR.<br/>LANTANA FL 33462</b> | Mailing Address<br><b>290 FICUS TREE DR.<br/>LANTANA FL 33462</b> |
|---|---|



1st MOORE CR2E037 (10/04)

|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br><b>03-0389759</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | Applied For<br><input type="checkbox"/> Not Applicable  |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>               | <b>7. Name and Address of New Registered Agent</b>   |
| <b>LIENTZ, SHERRILYN<br/>290 FICUS TREE DR.<br/>LANTANA FL 33462</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

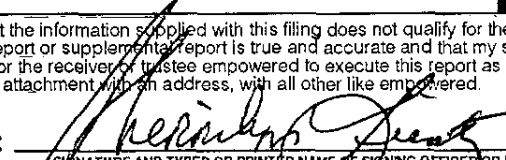
**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD<br>LIENTZ, SHERRILYN<br>290 FICUS TREE DR.<br>LANTANA FL 33462 <input type="checkbox"/> Delete       |
| TITLE                      | VD<br>MATTER, JULIE<br>400 31ST ST.<br>WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete         |
| TITLE                      | STD<br>YOUNG, JOSH<br>11157 HARBOUR SPRINGS CIR.<br>BOCA RATON FL 33428 <input type="checkbox"/> Delete |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

U00000367452  
05/18/05-80001-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: 5/18/05 # 561-588-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #