2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# N02000009295

Entity Name: THERAPY DOGS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1355 W. PALMETTO PARK ROAD
#125
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1355 W. PALMETTO PARK ROAD
#125
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 33-1034677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DECICCO, THOMAS E
1355 W. PALMETTO PARK ROAD
#125
BOCA RATON, FL 33486 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: PD ( ) Delete
Name: DECICCO, THOMAS E PD/TD
Address: 1355 W. PALMETTO PARK RD. ,#125
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP ( ) Delete
Name: SUSAN, LEVY R
Address: 1355 W. PALMETTO PARK RD.,#125
City-St-Zip: BOCA RATON, FL 33486 US

Title: SD ( ) Delete
Name: THOMSON, SUSAN E
Address: 1355 W. PALMETTO PARK RD.,#125
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: MIKA, ELELYN
Address: 1355 W. PALMETTO PARK RD.,#125
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Change (X) Addition
Name: SICIGNANO, ESTHER
Address: 1355 W. PALMETTO PARK RD.,#125
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS E. DECICCO PD 03/19/2007

Electronic Signature of Signing Officer or Director — Date