2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000010563

Entity Name: GERMAN SHEPHERD RESUCE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

707 ROBIN LANE WILDWOOD
WILDWOOD, FL 34785

New Principal Place of Business:

3539 SAILFISH AVE.
FRUITLAND PARK, FL 34731 63

Current Mailing Address:

707 ROBIN LANE WILDWOOD
WILDWOOD, FL 34785

New Mailing Address:

PO BOX 194
WILDWOOD, FL 34785 01

FEI Number: 26-1566541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALYSIA BREHMER
3539 SAILFISH AVE
FRUITLAND PARK, FL 34731 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: DP ( ) Delete
Name: GUARDADO, JOE J
Address: 707 ROBIN LANE WILDWOOD
City-St-Zip: WILDWOOD, FL 34785

Title: DS ( ) Delete
Name: PARNELL, CINDY
Address: 11366 BRAIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT ( ) Delete
Name: BREHMER, ALYSIA
Address: 3539 SAILFISH
City-St-Zip: FRUITLAND PARK, FL 34731

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GUARDADO, RAE D
Address: 707 ROBIN LANE WILDWOOD
City-St-Zip: WILDWOOD, FL 34785

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

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

Title: D ( ) Change (X) Addition
Name: LAUDERBACK, LANE
Address: 20701 QUINELLA ST
City-St-Zip: ORLANDO, FL 32833 49

Title: D ( ) Change (X) Addition
Name: CORTAZZO, ARNA
Address: 4185 US HIGHWAY 1, STE 101
City-St-Zip: ROCKLEDGE, FL 32955 53

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: RAE D. GUARDADO DP 05/01/2009

Electronic Signature of Signing Officer or Director — Date