

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135612

FILED
Feb 20, 2009
Secretary of State

Entity Name: COMPLETE K-9 ACADEMY, INC.

Current Principal Place of Business:

1032 ALASKA AVE.
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

23406 71ST AVE. E
MYAKKA CITY, FL 34251 US

Current Mailing Address:

1032 ALASKA AVE.
LEHIGH ACRES, FL 33971 US

New Mailing Address:

23406 71ST AVE. E
MYAKKA CITY, FL 34251 US

FEI Number: 20-5775907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UREVITCH, GABRIELA K
1032 ALASKA AVE.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

UREVITCH, GABRIELA K
23406 71ST AVE. E
MYAKKA CITY, FL 34251 US

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: GABRIELA K UREVITCH

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UREVITCH, GABRIELA K
Address: 1032 ALASKA AVE.
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UREVITCH, GABRIELA K
Address: 23406 71ST AVE. E
City-St-Zip: MYAKKA CITY, FL 34251 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA K UREVITCH

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date