

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000548

Entity Name: CANINE ASSISTANTS, INC.

Current Principal Place of Business:

3160 FRANCIS ROAD
ALPHARETTA, GA 30004

Current Mailing Address:

3160 FRANCIS ROAD
ALPHARETTA, GA 30004

FEI Number: 58-1974410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO
Name ARNOLD, JENNIFER
Address 3160 FRANCIS ROAD
City-State-Zip: ALPHARETTA GA 30004

Title SEC
Name BRUNER, KENT
Address 3160 FRANCIS ROAD
City-State-Zip: ALPHARETTA GA 30004

Title CFO
Name ARNOLD, GARY
Address 3160 FRANCIS ROAD
City-State-Zip: ALPHARETTA GA 30004

Title DIRECTOR
Name GODDARD, KATHI MS.
Address 3018 HABERSHAM ROAD
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name CHAIRMAN, DAVID SCOTT MR.
Address 620 GREENVIEW TERRACE
City-State-Zip: ALPHARETTA GA 30004

Title DIRECTOR
Name SUMMERS, MELISSA MS.
Address 3066 VERDUN DRIVE NW
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name BRANDON, CHRIS
Address C.B. BUILDERS
 1301 HESTER TOWN ROAD
City-State-Zip: MADISON GA 30650

Title DIRECTOR
Name VLIEK, VALORIE
Address 137 WINDOVER DRIVE
City-State-Zip: ASHEVILLE NC 28803

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I hereby 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 all other like empowered.

SIGNATURE: GARY ARNOLD

CFO

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLER, DREW
Address ALPHARETTA ANIMAL HOSPITAL
80 MILTON AVENUE
City-State-Zip: ALPHARETTA GA 30004

Title DIRECTOR
Name ROBBINS, GERILYN
Address FULTON COUNTY SCHOOL SYSTEM
264 DEVONWOOD DRIVE NE
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name GODDARD, KATHI
Address 3018 HABERSHAM ROAD
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name SHAMBLIN, SCOTT
Address METRO TAXI COMPANY
14395 WYNDHAM FARMS DRIVE
City-State-Zip: ALPHARETTA GA 30004

Title DIRECTOR
Name WILLIAMS, ROWLAND
Address WILLIAMS COMMERCIAL REAL
ESTATE
7111 PINE TREE ROAD
City-State-Zip: RICHMOND VA 23229