2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710146

FILED Feb 20, 2009 Secretary of State

Entity Name: CLEARWATER KENNEL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1613 SUFFOLK DR.

CLEARWATER, FL 33758 CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

25421 TRADEWINDS DR. LAND O LAKES, FL 34639

FEI Number: 59-1088573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOLZ, DAN 25421 TRADEWINDS DR. LAND O LAKES, FL 34639 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

NEWTON, PAUL ELDER, BYRON Name: Name: 4000 11TH AVE. N Address: 1613 SUFFOLK DR. Address: City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: CLEARWATER, FL 33756

Title: Title: () Delete () Change () Addition

STOLZ, DANIEL T Name: Name: Address: 25421 TRADEWINDS DR. Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip:

Title: () Delete Title: () Change () Addition

MANNING-STOLZ, MARY Name: Name: 25421 TRADEWINDS DR. Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

PHIL, RIEK Name: Name: TOTH, KAREN 5569 OAKRIDGE DR. 9945 60TH ST. N. Address: Address:

City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PINELLAS PARK, FL 33782

Title: () Delete Title: (X) Change () Addition

NAIMAN, STEVE REIK, PHIL Name: Name:

1251 N SEDEEVA CIRCLE N 5569 OAKRIDGE DR. Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: PALM HABOR, FL 34685

Title: () Delete Title: (X) Change () Addition

ELDER, BYRON MESMER, SANDY Name: Name: 1509 BONAIR ST. Address: 1516 SUFFOLK DR. Address: CLEARWATER, FL 33756 CLEARWATER, FL 33755 City-St-Zip: City-St-Zip:

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: DANIEL T STOLZ Т 02/20/2009