2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99127

Entity Name: CAPABAL KENNEL, INC.

FILED Apr 06, 2009 Secretary of State

7961 12TH STREET NORTH SAINT PETERSBURG, FL 33702

Current Mailing Address: New Mailing Address:

% PAUL CAPLE % PAUL CAPLE 3720 QUAIL FOREST DR. 3720 QUAIL FOREST DR. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34688

FEI Number: 59-2959473 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:

CAPLE, PAUL
3720 QUAIL FOREST DR.
TARPON SPRINGS, FL 346894997 US

CAPLE, PAUL
3720 QUAIL FOREST DR.
TARPON SPRINGS, FL 346894997 US

TARPON SPRINGS, FL 34688 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: 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CAPLE, PAUL Name: CAPLE, PAUL

Address: 3720 QUAIL FOREST DR. Address: 3720 QUAIL FOREST DR.

City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34688

Title: S () Delete Title: S (X) Change () Addition Name: CAPLE, SUSAN Name: CAPLE, SUSAN

Name:CAPLE, SUSANName:CAPLE, SUSANAddress:3720 QUAIL FOREST DR.3720 QUAIL FOREST DR.City-St-Zip:TARPON SPRINGS, FL 34689City-St-Zip:TARPON SPRINGS, FL 34688

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

 Name:
 PARKER, HENRY
 Name:

 Address:
 7961 12TH STREET N
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33702
 City-St-Zip:

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

 Name:
 PARKER, BELÍNDA
 Name:

 Address:
 7961 12TH STREET N
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33702
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CAPLE P 04/06/2009