2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 10, 2008 08:00 A Secretary of State DOCUMENT # L05000101647 1. Entity Name GALLOWAY K-9 CONSULTING GROUP, LLC Principal Place of Business Mailing Address 1231 OAKHAVEN DRIVE 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 03-0587854 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLOWAY, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 1231 OAKHAVEN DRIVE ALTAMONTE SPRINGS FL 32714 Z_ip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if upplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete ☐ Change ☐ Addition NAME NAME GALLOWAY, RICHARD K STREET ADDRESS 1231 OAKHAVEN DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE Delete U00000852345 🗆 Change ☐ Addition 03/26/08-80023-025 138.75 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TIME Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under paths that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGEB OR AUTHORIZED REPRESENTATIVE

STREET AUDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP

Delete

SIGNATURE: KOMME K. CAM

STREET ADDRESS

CITY-ST-ZIP

CITY- ST-ZIP

TITLE

NAME STREET ADDRESS

2-9-08

Саунте Р:**х**и с й

Change

Addition