


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90031 048 \*\*\*\*61.25

<b>DOCUMENT # N01000000283</b> 1. Entity Name <b>INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS, INC.</b>					
Principal Place of Business <b>15549 VINOLA DR. MONTVERDE, FL 34756</b>			Mailing Address <b>15549 VINOLA DR. MONTVERDE, FL 34756</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3688227</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEELEY, MARTIN D 15549 VINOLA DR. MONTVERDE, FL 34756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDP</b> <input type="checkbox"/> Delete <b>DEELEY, MARTIN D</b> <b>15549 VINOLA DR.</b> <b>MONTVERDE, FL 34756</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Delete <b>DOUAN, CYNDY</b> <b>151 PRATER ROAD</b> <b>KINGSTON, GA 30145</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input type="checkbox"/> Delete <b>TRICHTER, PAT</b> <b>15549 VINOLA DRIVE</b> <b>MONTVERDE, FL 34756</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JERVIS, BOB</b> <b>221 MORRISON RD.</b> <b>COLUMBUS, OH 43243</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MACKIN, CHAD</b> <b>2782 FOREST POINT</b> <b>LEAGUE CITY, TX 77573</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Pat Trichter PAT TRICHTER</b> <span style="float: right;">4-21-08 407-469-2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					