


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N01000001156 1. Entity Name THERAPY DOG FOUNDATION, INC.	
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Principal Place of Business 6013 NW 23RD AVENUE BOCA RATON, FL 33496	Mailing Address 6013 NW 23RD AVENUE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1098236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLER, JERI
6013 NW 23 AVE
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

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 applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000788257
01/17/08-80033-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT-HOFFMAN, LYNN 240 NW 9TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, SANDEE 1844 DALTON DRIVE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLER, JERI 6013 NW 23RD AVENUE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINSTEIN, IRENE 5224 BOLERO CIRCLE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADELMAN, CAROL 6125 NW 23 TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, BRENDA 115 W. PLUMISA LANE LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Jeri Poller 1/12/08 561-998-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #