2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003351

FILED Feb 15, 2007 Secretary of State

Entity Name: NATIONAL POLICE CANINE ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
50218 HW LORANGE	Y 445 ER, LA 70446	
Current Mailing Address:		New Mailing Address:
PO BOX 2 ROBERT,		
FEI Number:	: 72-1290096 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:
6230 MELI	RUSSELL LOW DR IYERS, FL 33917 US	COLTON, MICHAEL 5856 NW FOGEL CT PORT S LUCIE, FL 34986 US
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: MICHAEL COLTON	02/15/2007
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete ANDERSON, TERRY 1114 JEFF-GINN RD PASADENA, TX 77501	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete POWELL, MICHAEL 6535 QUIVIRA RD SHAWNEE, KS 66216	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete OWEN, KEEFE 2115 E GREENWAY DR TEMPE, AZ 85282	Title: T (X) Change () Addition Name: GERALDINE, EARTHMAN Address: 680 CRESTONE CT City-St-Zip: GRAND JUNCTION, CO 81504
Title: Name: Address: City-St-Zip:	D () Delete DELAY, WILLIAM 8101 RALSOTN RD ARVADA, CO 80001	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CAPONETTO, JOSEPH 4601 EASTERN KANSAS CITY, MO 64129	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PENDERGAST, RALPH 1601 W JEFFERSON ST. PHOENIX, AZ 85007	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY ANDERSON P 02/15/2007