

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008275

FILED
Feb 13, 2006
Secretary of State

Entity Name: CANINE PERFORMANCE, INC.

Current Principal Place of Business:

3941 MIDWAY STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 331820
MIAMI, FL 332331820

New Mailing Address:

FEI Number: 65-1156138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERCKMANS, BRUCE
3941 MIDWAY STREET
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERCKMANS, SHIRLEY MRS
Address: 3941 MIDWAY STREET
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: CUTLER, LESLIE B MRS
Address: 3941 MIDWAY STREET
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: BERCKMANS, ALEXANDER MS
Address: P.O. BOX 2176
City-St-Zip: SOUTH HAMILTON, MA 01982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY BERCKMANS

MRS.

02/13/2006

Electronic Signature of Signing Officer or Director

Date