2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000008275

Current Principal Place of Business:

Entity Name: CANINE PERFORMANCE, INC.

New Principal Place of Business:

Apr 27, 2006 Secretary of State

3941 MIDWAY STREET MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 331820 MIAMI, FL 332331820

FEI Number: 65-1156138 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:

BERCKMANS, BRUCE 3941 MIDWAY STREET MIAMI, FL 33133 US

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERCKMANS, SHIRLEY MRS
Address: 3941 MIDWAY STREET

City-St-Zip: MIAMI, FL 33133

OFFICERS AND DIRECTORS:

 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

Title: () Delete

Name: Address: City-St-Zip: Title: S (X) Change () Addition
Name: BERCKMANS, SHIRLEY MRS
Address: 3941 MIDWAY STREET
City-St-Zip: MIAMI, FL 02030

Title: D (X) Change () Addition

Name: CUTLER, LESLIE B MRS

Address: 3 RIGA ROAD City-St-Zip: DOVE, MA 33133

 $\begin{array}{lll} \mbox{Title:} & \mbox{D} & (\mbox{X}) \mbox{ Change () Addition} \\ \mbox{Name:} & \mbox{BERCKMANS, ALEXANDRA MS} \end{array}$

Address: P.O. BOX 2176

City-St-Zip: SOUTH HAMILTON, MA 01982

Title: P () Change (X) Addition

Name: BERCKMANS, BRUCE MR

Address: P.O. BOX 331820 City-St-Zip: MIAMI, FL 33233

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: BRUCE BERCKMANS P 04/27/2006