

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002329

FILED
Jan 27, 2006
Secretary of State

Entity Name: K9 FORENSICS RECOVERY TEAM, INC.

Current Principal Place of Business:

13168 JACQUELINE RD
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

13168 JACQUELINE RD
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 77-0593398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEPENELLA, SAM
2072 CARSON AVE
SPRING HILL, FL 34608 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: PD () Delete
Name: PEPENELLA, SAM
Address: 2072 CARSON AVEE RD
City-St-Zip: SPRING HILL, FL 34608

Title: V () Delete
Name: PETRILLO, KENNETH
Address: 1721 CHESAPEAKE DR
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: PETER, MARY
Address: 13168 JACQUELINE RD
City-St-Zip: BROOKSVILLE, FL 34613

Title: SD () Delete
Name: FERGEUSON, TROY
Address: 10918 CLAVERTON AVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEPENELLA, SAM
Address: 2072 CARSON AVE RD
City-St-Zip: SPRING HILL, FL 34608

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

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

Title: SD (X) Change () Addition
Name: FERGEUSON, TROY
Address: 18844 BASCOMB LN
City-St-Zip: HUDSON, FL 34667

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: SAM PEPENELLA

PD

01/27/2006

Electronic Signature of Signing Officer or Director

Date