2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# N03000008500

Entity Name: CARING CANINES THERAPY DOGS, INC.

Current Principal Place of Business:

2991 WESTGATE DRIVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

2991 WESTGATE DRIVE
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 56-2411673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LA VALLE, RYNA C
2991 WESTGATE DRIVE
EUSTIS, FL 32726 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: P ( ) Delete
Name: LA VALLE, RYNA
Address: 2991 WESTGATE DR
City-St-Zip: EUSTIS, FL 32726

Title: ST ( ) Delete
Name: BANERJEE, BETH KATHRYN
Address: 1005 HELEN ST
City-St-Zip: MOUNT DORA, FL 32757

Title: V ( ) Delete
Name: DOCTOR, SEYMOUR
Address: 35136 ASSEMBLY AVE
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LA VALLE, RYNA C
Address: 2991 WESTGATE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: ST (X) Change ( ) Addition
Name: PAULDING, PATRICIA
Address: 612 SOUTH DRIVE
City-St-Zip: WILDWOOD, FL 34785

Title: V (X) Change ( ) Addition
Name: DRAKE, TINA
Address: 105 POLO LANE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RYNA C. LA VALLE P 01/19/2005

Electronic Signature of Signing Officer or Director — Date