2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# N03000010224

Entity Name: CANINE CASTAWAYS, INC.

Current Principal Place of Business:

5293 NE MASTERS AVE.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3295
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 20-0416812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINALDI, KIMBERLY M
5293 NE MASTERS AVENUE
ARCADIA, FL 34266 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
Name: RINALDI, KIMBERLY M
Address: 5293 NE MASTERS AVE.
City-St-Zip: ARCADIA, FL 34266 US

Title: VPD
Name: ARMSTRONG, NANCY
Address: 7301 REDGE RAINEY ROAD
City-St-Zip: ONA, FL 33865 US

Title: TD
Name: SHIRLEY, DONNA L
Address: 5293 NE MASTERS AVENUE
City-St-Zip: ARCADIA, FL 34266 US

Title: SD
Name: THOMPSON, MARY DR.
Address: 4041 LONGHORN DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: D
Name: ZINN, KELLI G
Address: 6722 63RD TERRACE EAST
City-St-Zip: BRADENTON, FL 34203

Title: D
Name: KEEGAN, BARBARA J
Address: 3223 FLORIDA BLVD
City-St-Zip: BRADENTON, FL 34207

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY RINALDI PD 04/30/2010

Electronic Signature of Signing Officer or Director — Date