# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 14, 2008**
**Secretary of State**

DOCUMENT# N06000003263

**Entity Name:** DOG OBEDIENCE TRAINING ET CETERA, INCORPORATED

**Current Principal Place of Business:**

17440 51 ST.
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

7910 KIMBERLY BLVD.
N. LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number: 51-0586956** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

DONADEI-BLOOD, SARA
7910 KIMBERLY BLVD.
N. LAUDERDALE, FL 33068 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: DONADEI-BLOOD, SARA
Address: 7910 KIMBERLY BLVD.
City-St-Zip: N. LAUDERDALE, FL 33068

Title: DV ( ) Delete
Name: GIACOVELLI, BONNIE
Address: 92 MAPLECREST CIR.
City-St-Zip: JUPITER, FL

Title: DT ( ) Delete
Name: SPENCER, MARGARET C.
Address: 21220 NE 26 AVE.
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DT (X) Change ( ) Addition
Name: CLINCH, KARLA R
Address: 1180 SE 3RD STREET #1
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify 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: KARLA R. CLINCH DT 07/14/2008

Electronic Signature of Signing Officer or Director — Date