2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N07000004441

Entity Name: OSCEOLA K-9 SEARCH AND RESCUE, INC.

Current Principal Place of Business:

2400 8TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

1100 JERSEY AVE
ST. CLOUD, FL 34769

Current Mailing Address:

2400 8TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

1100 JERSEY AVE
ST. CLOUD, FL 34769

FEI Number: 06-1814255 **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:

HAYES, ROBERT S. ESQ.
441 W. VINE ST.
KISSIMMEE, FL 34741 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: D ( ) Delete
Name: FLORES, LESLIE
Address: 2400 8TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D ( ) Delete
Name: ERRICO, MONICA
Address: 8039 GOLDEN SANDS DR
City-St-Zip: ST. CLOUD, FL 32819

Title: D ( ) Delete
Name: BREWER, KRIS
Address: 2601 E. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLORES, LESLIE
Address: 1100 JERSEY AVE
City-St-Zip: ST. CLOUD, FL 34769

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

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

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: LESLIE FLORES D 05/04/2009
Electronic Signature of Signing Officer or Director — Date