

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005361

FILED  
Jun 17, 2009  
Secretary of State

**Entity Name:** KIDS AND K-9'S FOR HEALTHY CHOICES, INC.

**Current Principal Place of Business:**

5276 N CIMARRON DRIVE  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

5276 N CIMARRON DRIVE  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

11100 SW 93 COURT RD  
10-105  
OCALA, FL 34481 US

FEI Number: 26-2743997      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:**

PAM BURNS, CPA, EA, PA  
9127 SW 52 AVE STE D-102  
GAINESVILLE, FL 32608 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: WRIGHT, KATHY  
Address: 5276 N CIMARRON DRIVE  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: MRS. (X) Change ( ) Addition  
Name: WRIGHT, KATHY  
Address: 5276 N CIMARRON DRIVE  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: MS. ( ) Change (X) Addition  
Name: LEITER, ASHLEY  
Address: 211 LIBERTY AVE #222  
City-St-Zip: LAFAYETTE, LA 70508

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: KATHY WRIGHT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

06/17/2009

\_\_\_\_\_  
Date