

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2010  
Secretary of State**

DOCUMENT# N09000005385

Entity Name: CENTER FOR ANIMAL THERAPIES, INC.

**Current Principal Place of Business:**

1702 IVERNESS COURT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1702 IVERNESS COURT  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 27-0361677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MALDONADO, HENRY  
1702 IVERNESS COURT  
LONGWOOD, FL 32779      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  
Name: MALDONADO, JO  
Address: 1702 IVERNESS COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: V  
Name: MALDONADO, HENRY  
Address: 1702 IVERNESS COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: S  
Name: SHORR, MARA  
Address: 104445 MANDERLY WAY  
City-St-Zip: ORLANDO, FL 32829

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: JO MALDONADO

MS

02/02/2010

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

\_\_\_\_\_  
Date