

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 10, 2011
Secretary of State

Entity Name: HEALING HOOVES ANIMAL THERAPY INC.

Current Principal Place of Business:

8346 ALFRED BLVD.
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

8346 ALFRED BLVD.
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 27-3068935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, COREEN B
8346 ALFRED BLVD.
PUNTA GORDA, FL 33982 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: KYLE, COREEN B
Address: 8346 ALFRED BLVD.
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP
Name: SHERWOOD, PAMELA
Address: 17112 MARYDALE RD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T
Name: VILLAHERMOSA, DAMARIS
Address: 3083 WENONA DR
City-St-Zip: NORTH PORT, FL 34288

Title: S
Name: EMMONS, CONNIE
Address: 2424 ST.DAVID'S ISLAND CT.
City-St-Zip: PUNTA GORDA, FL 33950

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: COREEN KYLE

PD

04/10/2011

Electronic Signature of Signing Officer or Director

Date