2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: PUPPY LOVE THERAPY, INC.

Current Principal Place of Business:

438 CITADEL DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

438 CITADEL DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 27-3416428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMNER, SANDRA L
438 CITADEL DRIVE
ALTAMONTE SPRINGS, FL 32714 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: BLAY-MARQUEZ, CHERYLANN
Address: 438 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP
Name: ELI, DIANE
Address: 438 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC
Name: LONGMAN, JENNIFER
Address: 438 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: TRES
Name: SUMNER, SANDY
Address: 438 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: BD M
Name: COPPICK FERRARO, DIANE
Address: 438 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: SANDY SUMNER TRES 04/29/2011

Electronic Signature of Signing Officer or Director Date