2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44519

FILED Apr 19, 2008 Secretary of State

Entity Name: AMERICAN CANINE SPORTS MEDICINE ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
870 DUQL	TERRANCE JESNE DR ERS, FL 33919 US		
Current Mailing Address:		New Mailing Address:	
ACSMA P.O. BOX FORT MY	07412 ERS, FL 33919 US		
FEI Number	:: 65-0301890 FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
13801 RIV	TERRANCE /ER RD /S, FL 33905 US		
	e named entity submits this statement for the purpose e of Florida.	se of changing its registered	d office or registered agent, or both,
SIGNATU			
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete COFFMAN, MARTIN 176 ST STEPHENS RD SAINT STEPHENS, AL 36569	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete COOK, GAIL 870 DUQUESNE DR FORT MYERS, FL 33919	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete TERLEP, TERRANCE 13801 RIVER RD FORT MYERS, FL 33905	Title: Name: Address: City-St-Zip:	() Change () Addition
			() Change () Addition
Title: Name: Address: City-St-Zip:	P (X) Delete AYCOCK, EDWARD 121 DEGAN AVE LEWISVILLE, TX 75057	Title: Name: Address: City-St-Zip:	() Shange () Addition
Name: Address:	AYCOCK, EDWARD 121 DEGAN AVE	Name: Address: City-St-Zip: Title: Name: SHERMAN,	(X) Change()Addition JOHN SINE DR STE 134

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: GAIL W. COOK S 04/19/2008