

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090505

FILED
Apr 29, 2009
Secretary of State

Entity Name: GATORLAND K-9 INTERNATIONAL INC.

Current Principal Place of Business:

860 BUCKLES RD.
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

PO BOX 201
BARBERVILLE, FL 32105

New Mailing Address:

PO BOX 296
BARBERVILLE, FL 32105

FEI Number: 59-3760201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPE, DAWN A
860 BUCKLES RD
PIERSON, FL 32180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPPE, THEODORE R
Address: PO BOX 201
City-St-Zip: BARBERVILLE, FL 32105 US

Title: VS () Delete
Name: HOPPE, DAWN A
Address: PO BOX 201
City-St-Zip: BARBERVILLE, FL 32105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOPPE, THEODORE R
Address: PO BOX 296
City-St-Zip: BARBERVILLE, FL 32105 US

Title: VS (X) Change () Addition
Name: HOPPE, DAWN A
Address: PO BOX 296
City-St-Zip: BARBERVILLE, FL 32105

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN A. HOPPE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date