

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 15, 2005  
Secretary of State**

DOCUMENT# F97000001468

Entity Name: THOROUGHBRED RETIREMENT FOUNDATION, INC.

**Current Principal Place of Business:**

450 SHREWSBURY PLAZA  
SUITE 351  
SHREWSBURY, NJ 07702

**New Principal Place of Business:**

**Current Mailing Address:**

450 SHREWSBURY PLAZA  
SUITE 351  
SHREWSBURY, NJ 07702

**New Mailing Address:**

FEI Number: 13-3132741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONES, ELLIE  
3863 WOODS WALK BLVD  
LAKE WORTH, FL 33467      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: C/D      ( ) Delete  
Name: KOEHLER, MONIQUE S  
Address: 174 DEEPPDALE DR  
City-St-Zip: MIDDLETOWN, NJ 07748 US

Title: D      ( ) Delete  
Name: STUART, JOHN  
Address: 6289 HARRODSBURG RD  
City-St-Zip: NICHOLASVILLE, KY 40356 US

Title: D      ( ) Delete  
Name: BELDEN, JAMES  
Address: 520 SWEET WOOD WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: T/D      ( ) Delete  
Name: ROY, RAYMOND  
Address: 12 FULLER RD  
City-St-Zip: PLEASANT VALLEY, CT 06063

Title: S/D      ( ) Delete  
Name: HARRISON, MICHAEL  
Address: 3155 ROUTE 10E  
City-St-Zip: DENVILLE, NJ 07834

Title: D      ( ) Delete  
Name: ZITO, NICHOLAS P  
Address: PO BOX 588  
City-St-Zip: ELMONT, NY 11003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONIQUE KOEHLER

C/D

07/15/2005

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

\_\_\_\_\_  
Date