

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2006
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 ()

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: ELLIE JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: KOEHLER, MONIQUE S
Address: 174 DEEPDALE 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
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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 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: FRANCIS A. VARRONE

Electronic Signature of Signing Officer or Director

MR.

10/20/2006

Date