2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# N10000009604

Entity Name: REINS OF CHANGE EQUINE THERAPY, INC.

Current Principal Place of Business:

3644 DELOR AVENUE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3644 DELOR AVENUE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 27-4702939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRICARICO, DELORES
3644 DELOR AVENUE
NORTH PORT, FL 34286 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: EDIR
Name: TRICARICO, DELORES
Address: 3644 DELOR AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: PRES
Name: BLANKENSHIP, TORI
Address: 7783 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: TRES
Name: LOYD, CARLY
Address: 646 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

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: DELORES TRICARICO EDIR 04/29/2012
Electronic Signature of Signing Officer or Director Date