2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N96000006568

Entity Name: ROCKINGHORSE FUND, INC.

Current Principal Place of Business:

6300 ROCKINGHORSE ROAD
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6300 ROCKINGHORSE RD
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0708442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, BEVERLY
1469 SW ALBATROSS WAY
PALM CITY, FL 34990 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:	DP	( ) Delete
Name:	COX, ARTHUR R	
Address:	6300 ROCKINGHORSE RD	
City-St-Zip:	JUPITER, FL 33458	
Title:	DV	( ) Delete
Name:	KORZH, ALEXANDER	
Address:	235 EAST RIVER DR., NO 507	
City-St-Zip:	EAST HARTFORD, CT 06108	
Title:	DS	( ) Delete
Name:	HOLMES, BEVERLY	
Address:	1469 SW ALBATROSS WAY	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	HECHT, RALPH	
Address:	130 BOW SPIRIT	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

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:	

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: ARTHUR R. COX DP 04/21/2009

Electronic Signature of Signing Officer or Director — Date