

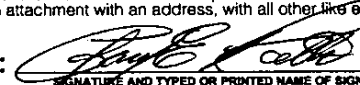


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90209 040 ***150.00

| | | | | | |
|--|------------------------------------|--|---|--|--|
| DOCUMENT # P02000098318 | | | |  | |
| 1. Entity Name BLACKHORSE PROPERTY MANAGEMENT, INC. | | | | | |
| Principal Place of Business 1391 N. KILLIAN DRIVE SUITE # B-1 LAKE PARK, FL 33403 | | | Mailing Address 1391 N. KILLIAN DRIVE SUITE # B-1 LAKE PARK, FL 33403 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3714431 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROSE, VICKI A 1391 N. KILLIAN DRIVE SUITE # B-1 LAKE PARK, FL 33430-3 | | | | Name GARY E. POTTS Street Address (P.O. Box Number is Not Acceptable) 1391 N. KILLIAN DR. SUITE B-1 City LAKE PARK FL Zip Code 33403 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | DATE 4-17-06 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSE, VICKI A | | NAME | | |
| STREET ADDRESS | 1391 N. KILLIAN DRIVE, SUITE # B-1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE PARK, FL 33403 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | POTTS, GARY E | | NAME | POTTS, GARY E. | |
| STREET ADDRESS | 1391 N. KILLIAN DRIVE, SUITE # B-1 | | STREET ADDRESS | 1391 N. KILLIAN DRIVE #SUITE B-1 | |
| CITY-ST-ZIP | LAKE PARK, FL 33403 | | CITY-ST-ZIP | LAKE PARK, FL 33403 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | Date 4/17/06 Daytime Phone # 561-543-9228 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |