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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: CARL NORDHIELM

Electronic Signature of Signing Officer/Director Detail

Entity Name: SADDLE UP DEVELOPMENT CORPORATION **Current Principal Place of Business:**

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

8885 CALEDONIAN CT TALLAHASSEE. FL 32312

Current Mailing Address:

DOCUMENT# P12000002026

8885 CALEDONIAN CT TALLAHASSEE, FL 32312

FEI Number: 45-4198045

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NORDHIELM, CARL 8885 CALEDONIAN CT TALLAHASSEE, FL 32312 US

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:

Officer/Director Detail : Title PSD Title DV NORDHIELM, CARL Name BOLEN, LOUIS DR. Name Address 8885 CALEDONIAN CT Address 8880 CALEDONIAN CT City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

FILED Feb 04, 2015 Secretary of State CC3768899383

Certificate of Status Desired: No

Date

02/04/2015

Date