
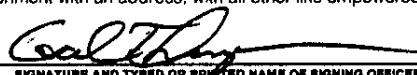


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 648661 1. Entity Name SLEEPY HOLLOW ARABIANS, INC.		
Principal Place of Business 23324 HWY 561 ASTATULA, FL 34705		Mailing Address P.O. BOX 193 ASTATULA, FL 34705
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THOMPSON, CECIL D 23324 CR 561 ASTATULA, FL 34705		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		U000000935246 05/23/08-80064-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CECIL 23324 CR 561 PO BOX 193 ASTATULA, FL 34705	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-29-08 352 742 3373 <small>Date Daytime Phone #</small>