2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# 722663

Entity Name: ALPHA DRESSAGE ASSOCIATION, INC.

Current Principal Place of Business:

490 PERCHERON CIRCLE
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

490 PERCHERON CIRCLE
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 59-2808392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOEHNLEIN, MARTHA TREASUR
490 PERCHERON CIRCLE
NOKOMIS, FL 34275 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: PRES ( ) Delete
Name: BROWN, BETTY PRESIDE
Address: 7033 NORTH SERENOA DRIVE
City-St-Zip: SARASOTA, FL 34241 US

Title: SECR ( ) Delete
Name: WILSON, LINDA SECRETA
Address: 25019 77TH AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: TREA ( ) Delete
Name: KOEHNLEIN, MARTHA TREASUR
Address: 490 PERCHERON CIRCLE
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BROWN, BETTY PRESIDE
Address: 7610 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241 US

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: MARTHA KOEHNLEIN TREA 05/01/2008

Electronic Signature of Signing Officer or Director — Date