2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741469

FILED Jan 05, 2007 Secretary of State

Entity Name: SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8251 SOUTHWEST 27TH AVENUE P.O. BOX 771618 OCALA, FL 34476 P.O. CALA, FL 34477

Current Mailing Address: New Mailing Address:

8251 SOUTHWEST 27TH AVENUE P.O. BOX 771618 OCALA, FL 34476 P.O. CALA, FL 34477

FEI Number: 59-3078883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, MARCIA

8251 SOUTHWEST 27TH AVENUE

OCALA, FL 34476 US

FELL, BONITA L TREASUR

1719 SE 150 ST.

SUMMERFIELD

OCALA, FL 34491 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: BONITA L. FELL 01/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT () Delete Title: PRES (X) Change () Addition

Name:WILSON, MARCIAName:BALDWIN, CARLA PRESAddress:8251 SOUTHWEST 27TH AVENUEAddress:5540 W. HWY 329

City-St-Zip: OCALA, FL 34476 City-St-Zip: REDDICK, FL 32686

 Address:
 14300 SE CR 475
 Address:
 1764 NW 73RD TERR.

 City-St-Zip:
 SUMMERFIELD, FL 34491
 City-St-Zip:
 OCALA, FL 34482

Title: D,S () Delete Title: TRES (X) Change () Addition

 Name:
 KENNEDY, DALE
 Name:
 FELL, BONITA L TRES

 Address:
 5828 NW 96TH LANE
 Address:
 1719 SE 150 ST.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 SUMMERFIELD, FL 34491

Title: D () Delete Title: SEC (X) Change () Addition

 Name:
 MALESKE, NANCY
 Name:
 KENNEDY, DALE

 Address:
 13319 NW 82 ST RD
 Address:
 7992 NW. 14TH. ST.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482

Title: D (X) Delete Title: () Change () Addition

 Name:
 LORENZO, JULIO
 Name:

 Address:
 2370 W HWY 329
 Address:

 City-St-Zip:
 CITRA, FL 32113
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BONITA L. FELL TRES 01/05/2007