2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # 757767** 1. Entity Name SOUTH FLORIDA TROTTING CENTER, INC. Principal Place of Business Mailing Address 7563 STATE ROAD 7 LAKE WORTH FL 33467 1801 S. FEDERAL HWY SUITE 300 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2098051 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHERRY, ERIC Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWY #300 DELRAY BEACH FL 33483 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. VD TITLE ☐ Change ☐ Addition TITLE Delete DAISEY, GENE E U00000344457 5505 FAIRWAY PARK DR #205 STREET ADDRESS STREET ADDRESS 04/29/05-80136-017 61.25 **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP PD Defete Change Addition TITLE THLE CHERRY, ERIC NAME MAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP THLE SD Delete TITLE ☐ Change ☐ Addition CHERRY, VERONICA 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

4-26-05

FILED