## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000222

City-St-Zip:

WILLISTON, VT 05495

Entity Name: DUPONT HORSE RACING INC.

FILED Jul 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 744 U.S. ROUTE 3 COLUMBIA, NH 03576 **Current Mailing Address: New Mailing Address:** PO BOX 268 COLEBROOK, NH 03576 FEI Number: 02-0516644 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: DUPONT, MARIE 2749 A ROAD LOXAHATCHEE, FL 33470 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition DUPONT, ROLAND DUPONT, ROLAND Name: Name: PO BOX 57 PO BOX 57 Address: Address: City-St-Zip: CANAAN, VT City-St-Zip: CANAAN, VT 05903 US Title: VP/T Title: () Delete () Change () Addition Name: GILBERT, LINDA M Name: PO BOX 268 Address: Address: COLEBROOK, NH 03576 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition CLOUTIER, MARLENE Name: Name: PO BOX 401 ROUTE 3 Address: Address: City-St-Zip: NORTH STRATFORD, NH 03590 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DUPONT, ALAIN C Name: Name: Address: PO BOX 315 Address:

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

City-St-Zip:

SIGNATURE: LINDA M. GILBERT VP 07/03/2007