2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001744

FILED Mar 16, 2005 Secretary of State

Entity Nai	me: FOG CIT	Y STABLES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
718 UNIVERSITY AVE., SUITE 116 LOS GATOS, CA 95032				5487 BLOSSOM ACRES DRIVE SAN JOSE, CA 95124			
Current Mailing Address:				New Mailing Address:			
718 UNIVERSITY AVE., SUITE 116 LOS GATOS, CA 95032				P.O. BOX 96 LOS GATOS, CA 95031			
FEI Number	77-0553031 FEI Number Applied For () FEI N			ber Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD					
	named entity e of Florida.	submits this statement for the	e purpose of	changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered A	\gent			Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (SHIMMON, DA 13463 MANDO LOS ALTOS, C	LI DRIVE		Title: Name: Address: City-St-Zip:	PD SHIMMON, I 75 ROBERT WOODSIDE	A DRIVE	
Title: Name:	S (WICKS, CART) Delete ER E		Title: Name:	S WICKS, CAI	(X) Change ()Addition RTER E	

Title:

Address:

City-St-Zip:

City-St-Zip:

() Delete BIANCO, WILLIAM A JR. Name: 14510 BIG BASIN WAY, #237 Address:

718 UNIVERSITY AVE., SUITE 116

LOS GATOS, CA 95030

SARATOGA, CA 95070

SAN JOSE, CA 95124 Title: () Change () Addition

5487 BLOSSOM ACRES DRIVE

Name: Address: City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CARTER E. WICKS **SECR** 03/16/2005