

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000003481

FILED
Nov 24, 2009
Secretary of State

Entity Name: GPRA THOROUGHBRED TRAINING CENTER, INC.

Current Principal Place of Business:

8898 LYONS ROAD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

337 MAGNA DRIVE
AURORA, ON L4G 7K1 CA

New Mailing Address:

FEI Number: 98-0342326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: V () Delete
Name: TOHANA, BLAKE
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA,, ON L4G 7K1 CA

Title: SD () Delete
Name: FORD, WILLIAM G
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7K1 CA

Title: V () Delete
Name: VANDENBROEK, GARY
Address: 901 S. FEDERAL HIGHWAY,
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: P (X) Delete
Name: MURPHY, WILLIAM D
Address: 901 S. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: T () Delete
Name: SEYMOUR, MARY LYN
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA,, ON L4G 7K1 CA

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: FISCHER, SCOTT
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7K1 CA

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.

SIGNATURE: WILLIAM G. FORD

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11/24/2009

Electronic Signature of Signing Officer or Director

Date