2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003481

Entity Name: GPRA THOROUGHBRED TRAINING CENTER, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
8898 LYONS ROAD BOYNTON BEACH, FL 33437 US	445 MAGNA DR 2ND FLOOR AURORA, ON L4G 7A9 CA

Current Mailing Address:	**New Mailing Address:**
337 MAGNA DRIVE AURORA, ON L4G 7K1 CA	445 MAGNA DRIVE, 2ND FLOOR AURORA, ON L4G 7A9 CA

FEI Number: 98-0342326   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:**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: AVIOLI, GREG
Address: 445 MAGNA DRIVE, 2ND FLOOR
City-St-Zip: AURORA,, ON L4G 7A9 CA

Title: EVP
Name: STRACHAN, LYLE
Address: 445 MAGNA DRIVE, 2ND FLOOR
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: VPRE
Name: ROGERS, MIKE
Address: 445 MAGNA DRIVE, 2ND FLOOR
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: CONT
Name: COLEMAN, ANGIE
Address: 445 MAGNA DRIVE, 2ND FLOOR
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: V/GM
Name: VANDENBROEK, GARY
Address: 445 MAGNA DRIVE, 2ND FLOOR
City-St-Zip: AURORA, ON L4G 7A9 CA

I hereby 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 all other like empowered.

SIGNATURE: GREG AVIOLI   PRES   07/13/2011

Electronic Signature of Signing Officer or Director   Date