

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005320

FILED
Jan 29, 2009
Secretary of State

Entity Name: PARELLI NATURAL HORSE-MAN-SHIP, INC.

Current Principal Place of Business:

56 TALISMAN DR., STE. 6
PAGOSA SPRINGS, CO 81147

New Principal Place of Business:

115 CORNERSTONE DRIVE
PAGOSA SPRINGS, CO 81147

Current Mailing Address:

P.O. BOX 3729
PAGOSA SPRINGS, CO 81147

New Mailing Address:

FEI Number: 68-0254082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRERAS, RAUL JR, ESQ
101 S.W. THIRD ST.
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARELLI, JACK PAT
Address: 56 TALISMAN DR., STE. 6
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: D () Delete
Name: PARELLI, LINDA
Address: 56 TALISMAN DR., STE. 6
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: P () Delete
Name: WEILER, MARK
Address: 56 TALISMAN DR., STE. 6
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: ST () Delete
Name: STOWELL, PENELOPE
Address: 56 TALISMAN DR., STE. 6
City-St-Zip: PAGOSA SPRINGS, CO 81147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARELLI, JACK PAT
Address: 115 CORNERSTONE DRIVE
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: D (X) Change () Addition
Name: PARELLI, LINDA
Address: 115 CORNERSTONE DRIVE
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: P (X) Change () Addition
Name: WEILER, MARK
Address: 115 CORNERSTONE DRIVE
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: ST (X) Change () Addition
Name: STOWELL, PENELOPE
Address: 115 CORNERSTONE DRIVE
City-St-Zip: PAGOSA SPRINGS, CO 81147

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: PENELOPE STOWELL

ST

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date