


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002586**  
 1. Entity Name  
**BEVAL SADDLERY LTD INCORPORATED**



Principal Place of Business      Mailing Address  
**PO BOX 612 PARK AVE**      **PO BOX 612 PARK AVE**  
**GLADSTONE, NJ 07934**      **GLADSTONE, NJ 07934**



02182006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**22-1821132**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALTER, MARK**  
**14440 PEARSON RD**  
**WELLINGTON, FL 33414**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **03/10/06-80017-024 150.00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WALTER, MARK 17 SUGARBUSH CT WILTON, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCP SPINKS, THOMAS PO BOX 38 POTTERSVILLE, NJ 07979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALTER, LOIS PO BOX 38 POTTERSVILLE, NJ 07979
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C Spinks      Date: 2/17/06      Daytime Phone #: 9082342828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR