

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 23, 2010
Secretary of State

DOCUMENT# F06000004610

Entity Name: HUMANE EQUINE AID AND RAPID TRANSPORT INC.**Current Principal Place of Business:**14440 PIERSON RD
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**179 ACORN HILL DRIVE
MADISON, VA 22727**New Mailing Address:****FEI Number:** 22-3740396**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: S
Name: JOLICOEUR, MARTHA
Address: 13579 STAMFORD DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: P
Name: SWEELY, ROBIN
Address: 179 ACORN HILL DR
City-St-Zip: MADISON, VA 22727

Title: VP
Name: MACDONALD, SHARON
Address: 325 E 72, APT 17C
City-St-Zip: NEW YORK, NY 10021

Title: D
Name: STEPHENS, DEBBIE
Address: 10050 GILLET RD
City-St-Zip: PALMETTO, FL 34221

Title: T
Name: HITCHCOCK, ANTHONY
Address: PO BOX 119, 180 OLD FARM RD
City-St-Zip: SAGAPONACK, NY 11962

Title: D
Name: BARTH, SHANETTE
Address: PO BOX 3013
City-St-Zip: BRIDGEHAMPTON, NY 11932

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY F. HITCHCOCK

T

04/23/2010

Electronic Signature of Signing Officer or Director

Date