

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003889

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** THE DRESSAGE CONNECTION, INC

**Current Principal Place of Business:**

3500 FAIRLANE FARMS RD SUITE 10  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3500 FAIRLANE FARMS RD SUITE 10  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 27-3136178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 323012960 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: PVPS  
Name: TOTA, LISA C  
Address: 1521 MENORCA CT  
City-St-Zip: WELLINGTON, FL 33414

Title: T  
Name: TOTA, LISA C  
Address: 1521 MENORCA CT  
City-St-Zip: WELLINGTON, FL 33414

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: LISA TOTA

PVPS

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date