2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2007 08:00 AM **DOCUMENT # F86842 Secretary of State** 1. Entity Name RUTH GIMPEL STABLES, INC. Principal Place of Business Mailing Address 18920 SUNLAKE BLVD. % PATRICK F. SPRAGUE 1904 E. BUSCH BLVD. 1904 E. BUSCH BLVD. LUTZ, FL 33549 US TAMPA, FL 33612 No Chg-P CR2E034 (11/05) 02042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2206041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPRAGE, PATRICK F. DO NOT WRITE 1904 E. BUSCH BLVD. TAMPA, FL 33612 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD TITLE GIMPEL, RUTH NAME STREET ADDRESS 18920 SUN LAKE BLVD. U00000634744 02/22/07-80024-020 150.00 LUTZ, FL 33558 CITY-ST-ZIP TITLE **BUFFINGTON, BECKY S** STREET ADDRESS 9122 CYPRESS KEEP LN CITY-ST-ZIP ODESSA, FL 33556 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

HOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 813-949-7911

FILED