2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004
Secretary of State

DOCUMENT# F94000000651

Entity Name: OMEGA STABLES, INC.

Current Principal Place of Business:

12101 N MAGNOLIA
OCALA, FL 34475

New Principal Place of Business:

5701 S.W. 34TH AVE.
OCALA, FL 34474

Current Mailing Address:

507 SE FORT KING STREET
OCALA, FL 34471

New Mailing Address:

5701 S.W. 34TH AVE.
OCALA, FL 34474

FEI Number: 31-1393251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALACIO, KIMBERLY
12101 N. MAGNOLIA
OCALA, FL 34475 US

Name and Address of New Registered Agent:

PALACIO, KIMBERLY
5701 S.W. 34TH AVE.
OCALA, FL 34474 US

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: _____ 08/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PALACIO, KIMBERLY
Address: 12101 N MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PALACIO, KIMBERLY
Address: 5701 S.W. 34TH AVE.
City-St-Zip: OCALA, FL 34474 US

Title: O ( ) Change (X) Addition
Name: KING, JUDITH E
Address: 507 S.E. FORT KING ST.
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDITH E. KING O 08/23/2004
Electronic Signature of Signing Officer or Director — Date