## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 18, 2006 08:00 AM Secretary of State

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DOCUMENT # F95000005542  1. Entity Name FRANK ALEXANDER RACING STABLE, INC.					,	Seci	retary of S
Principal Place 84 WESTWO	e of Business ND CIRCL F	Mailing Address 84 WESTWOOD CIRCLE					
EASTHILLS, I		EASTHILLS, NY 11577					
			******				
_				07142006	No Chg-P	CR2E	E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 52-115			Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required
8. The above	named entity submits this statement folions of registered agent.			ered agent, or bo	h, in the State of Fic	vida. I ar	n familiar with, and accept
	Signature, typed or ponted name of registered agent	red Agent agneture requi	ned when reinstating)		DATE		
	LE NOWIII FEE IS \$550.00 ue by September 6, 2008	Election Campaign Final Trust Fund Contribution	<del>_</del> _	5.00 May Be Ided to Fees			
10.	OFFICERS AND	DIRECTORS			•		
TITLE	CPT						
NAME STREET ADDRESS	ALEXANDER, FRANK 84 WESTWOOD CIRCLE						
CITY-ST-ZIP	EASTHILLS, NY 11577		1				
TITLE	VP	<del></del>					
NAME	ALEXANDER, LINDA				HOOOO	00786	IC 1
STREET ADDRESS	84 WESTWOOD CIRCLE		1		00000 07/18/06	აა:აა —გეე1	161 17-016 550.00
CITY-ST-ZIP	EASTHILLS, NY 11577	· · · · · · · · · · · · · · · · · · ·			orradru0	0001	. OLO OCO COL
TITLE NAME							
STREET ADDRESS							· <del>****</del>
CITY-ST-ZIP				DO	<b>NOT W</b>	KIT	E

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LINDAK, WILL XANDUR - LINDAK, ALCKANDER

7/14/06 516 484-5442

IN THIS SPACE