

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44383

FILED
Mar 19, 2007
Secretary of State

Entity Name: SUNRISE STABLES SOUTH TRAINING CENTER, INC.

Current Principal Place of Business:

14097 W. HWY 326
MORRISTON, FL 32668 US

New Principal Place of Business:

Current Mailing Address:

C/O EDWARD JOHN COLETTI
14097 W. HWY 326
MORRISTON, FL 32668 US

New Mailing Address:

FEI Number: 59-2988746 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLETTI, EDWARD JOHN
14097 W. HWY 326
MORRISTON, FL 32668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COLETTI, EDWARD JOHN,
Address: 14097 WEST HWY. 326
City-St-Zip: MORRISTON, FL

Title: DVS () Delete
Name: COLETTI, IRENE A.,
Address: 14097 WEST HWY 326
City-St-Zip: MORRISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDWARD J. COLETTI

Electronic Signature of Signing Officer or Director

PRES

03/19/2007

Date