

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 25, 2006**  
**Secretary of State**

DOCUMENT# N00000007618

**Entity Name:** BAY AREA DRESSAGE & COMBINED TRAINING, INC.**Current Principal Place of Business:**8541 N GUNN HWY  
ODESSA, FL 33556**New Principal Place of Business:****Current Mailing Address:**8541 N GUNN HWY  
ODESSA, FL 33556**New Mailing Address:****FEI Number:** 59-3683287**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RIPA, JACKIE R  
3524 SADDLEBACK LN  
LUTZ, FL 33549 US**Name and Address of New Registered Agent:**CARUSO, JEANINE M  
8541 N GUNN HWY  
ODESSA, FL 33556 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: JEANINE M CARUSO

04/25/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** RIPA, JACKIE R  
**Address:** 3524 SADDLEBACK LN  
**City-St-Zip:** LUTZ, FL 33549**Title:** STD ( ) Delete  
**Name:** CARUSO, JEANINE  
**Address:** 8541 N GUNN HWY  
**City-St-Zip:** TAMPA, FL 33556**Title:** VPD ( ) Delete  
**Name:** BOLLENBACK, TINA  
**Address:** 8541 NO GUNN HWY  
**City-St-Zip:** TAMPA, FL 33556**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BARRERA, JILL  
**Address:** 11620 PONY EXPRESS WAY  
**City-St-Zip:** ODESSA, FL 33556**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANINE M CARUSO

STD

04/25/2006

Electronic Signature of Signing Officer or Director

Date