2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N02000004391

Entity Name: HEAVENLY HOOFS, INC.

Current Principal Place of Business:

417 CELEBRATION AVENUE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

417 CELEBRATION AVENUE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 13-4205662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMPKINS, THOMASA
417 CELEBRATION AVENUE
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

SANCHEZ, THOMASA
417 CELEBRATION AVENUE
CELEBRATION, FL 34747

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: THOMASA SANCHEZ 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOMPKINS, THOMASA
Address: 417 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete
Name: TOMPKINS, THOMAS
Address: 1731 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: YOUNG, KRISTEN
Address: 1637 EAST VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SANCHEZ, THOMASA
Address: 417 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMASA SANCHEZ D 04/28/2004
Electronic Signature of Signing Officer or Director Date