## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004391

Entity Name: HEAVENLY HOOFS, INC.

FILED Juņ 26, 2<u>00</u>6 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

417 CELEBRATION AVENUE 1633 EAST VINE STREET, SUITE 200

CELEBRATION, FL 34747 KISSIMMEE, FL 34744

**Current Mailing Address: New Mailing Address:** 

417 CELEBRATION AVENUE 1633 EAST VINE STREET, SUITE 200

KISSIMMEE, FL 34744 CELEBRATION, FL 34747

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ, THOMASA

SANCHEZ, THOMASA 1633 EAST VINE STREET, SUITE 200 417 CELEBRATION AVENUE

CELEBRATION, FL 34747 KISSIMMEE, FL 34744

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 06/26/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

SANCHEZ, THOMASA SANCHEZ, THOMASA Name: Name: 417 CELEBRATION AVENUE Address: 2800 VICKIE COURT Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: () Change () Addition

TOMPKINS, THOMAS Name: Name: Address: 1731 BOGGY CREEK ROAD Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip:

Title: () Delete Title: () Change () Addition

YOUNG, KRISTEN Name: Name: 1637 EAST VINE STREET Address: Address: City-St-Zip: KISSIMMEE, FL 34744 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: THOMASA SANCHEZ D 06/26/2006