FILED
Apr 28, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004391

1. Entity Name
HEAVENLY HOOFS, INC.

Principal Place of Business	Mailing Address
1633 EAST VINE STREET, SUITE 200 KISSIMMEE, FL 34744	1633 EAST VINE STREET, SUITE 200 KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-4205662
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, THOMASA
1633 EAST VINE STREET, SUITE 200
KISSIMMEE, FL 34744

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, THOMASA
STREET ADDRESS	2800 VICKIE COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	TOMPKINS, THOMAS
STREET ADDRESS	1731 BOGGY CREEK ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	YOUNG, KRISTEN
STREET ADDRESS	1637 EAST VINE STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	DC
NAME	SHIPLEY, KEN
STREET ADDRESS	1101 E. DONEGAN AVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	OWEN, PAUL
STREET ADDRESS	2349 CHADWICK CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	HAWKINS, FRED
STREET ADDRESS	3725 HICKORY TREE ROAD
CITY-ST-ZIP	SAINT CLOUD, FL 34772

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05/21/08-80117-016 61.25

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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 617, 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: X Thomasa Sanchez 4/23/08 407/870-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #