2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N03000003426

Entity Name: BACK IN THE SADDLE HORSE ADOPTION, INC.

Current Principal Place of Business:

12643 JODA LANE EAST
JACKSONVILLE, FL 32248

New Principal Place of Business:

Current Mailing Address:

12643 JODA LANE EAST
JACKSONVILLE, FL 32248

New Mailing Address:

1313 YOUNGS ROAD
LINDEN, PA 17744

FEI Number: 02-0688660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENSMORE, FABIAN
12643 JODA LANE EAST
JACKSONVILLE, FL 32248 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAYL, PAM
Address: 15950 E. HIDDEN ESTATES ST
City-St-Zip: WICHITA, KS 67232

Title: D ( ) Delete
Name: DENSMORE, FABIAN
Address: 12643 JODA LANE EAST
City-St-Zip: JACKSONVILLE, FL 32248

Title: D ( ) Delete
Name: SWIERKOWSKI, DENISE
Address: 279 REIBOLD ST
City-St-Zip: RENFREW, PA 16053

Title: D ( ) Delete
Name: FINK, JONI
Address: 1313 YOUNGS RD.
City-St-Zip: LINDEN, PA 17744

Title: D ( ) Delete
Name: BIRD, DIANE
Address: 1224 MAURY RIVER ROAD
City-St-Zip: LEXINGTON, VA 24450

Title: D (X) Delete
Name: REEDY, LISA
Address: 10857 FALLINGSTON CT.
City-St-Zip: CINCINNATI, OH 45242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FINK, THEODORE
Address: 1313 YOUNGS ROAD
City-St-Zip: LINDEN, PA 17744

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

Title: D (X) Change ( ) Addition
Name: REEDY, LISA
Address: 10857 FALLINGSTON CT
City-St-Zip: CINCINNATI, OH 45242

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: THEODORE FINK D 02/13/2007

Electronic Signature of Signing Officer or Director — Date