2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

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Entity Name: FLORIDA EQUESTRIAN CELEBRATION, INC.

Current Principal Place of Business:

701 RIVERSIDE PARK PL STE 310
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

701 RIVERSIDE PARK PL STE 310
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-0774045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIKER, PAMELA L
701 RIVERSIDE PARK PL STE 310
JACKSONVILLE, FL 32204 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: DCP ( ) Delete
Name: GRAHAM, HENRY H JR
Address: 701 RIVERSIDE PARK PL, STE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV ( ) Delete
Name: GRAHAM, DIANE M
Address: 701 RIVERSIDE PARK PL, STE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: DS ( ) Delete
Name: WIKER, PAMELA L
Address: 701 RIVERSIDE PARK PL, STE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: MATHENY, LAWRENCE M JR
Address: 701 RIVERSIDE PARK PL, STE 310
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete
Name: JONES, RICK
Address: 701 RIVERSIDE PARK PL, STE 310
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: HENRY H. GRAHAM, JR. DCP 01/26/2006
Electronic Signature of Signing Officer or Director — Date