

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 12, 2009**  
**Secretary of State**

DOCUMENT# N04000003937

Entity Name: PEGASUS RISING, INC.

**Current Principal Place of Business:**

42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 56-2473704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARR, GAIL  
42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164      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: T      ( ) Delete  
Name: BARR, ARTHUR M  
Address: 42 SLEEPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title: P      ( ) Delete  
Name: BARR, GAIL  
Address: 42 SLEPPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: BARR, GAIL  
Address: 42 SLEEPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164 US

Title: VP      (X) Change ( ) Addition  
Name: BARR, GAIL  
Address: 42 SLEPPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164 US

Title: S      ( ) Change (X) Addition  
Name: LOWE, MICHELLE  
Address: 2723 SOUTH DAYTONA AVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: T      ( ) Change (X) Addition  
Name: FAMBRO, PATRICIA  
Address: 324 WOODCREST DRIVE  
City-St-Zip: SHARPSBURG, GA 30277 US

I hereby certify that the information supplied with this filing does not qualify 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: GAIL BARR

P

08/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date