

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2011  
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: P  
Name: BARR, GAIL  
Address: 42 SLEEPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164 US

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

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

Title: T  
Name: FAMBRO, PATRICIA  
Address: 324 WOODCREST DRIVE  
City-St-Zip: SHARPSBURG, GA 30277 US

I hereby 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 all other like empowered.

SIGNATURE: GAIL BARR

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date