2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005
Secretary of State

DOCUMENT# N04000005582

Entity Name: WALKING ON WATER FARM EQUINE RESCUE & REHABILIATION CENTER, INC.

Current Principal Place of Business:

6780 26TH STREET
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 690383
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 55-0889210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BODE-SPILIOS, BRETTON
2245 16TH STREET SW
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

BODE-SPILIOS, BRETTON
236 18TH AVENUE
VERO BEACH, FL 32962 US

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: BRETTON BODE-SPILIOS 06/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BODE-SPILIOS, BRETTON
Address: 2245 16TH STREET SW
City-St-Zip: VERO BEACH, FL 32962

Title: VD ( ) Delete
Name: SPILIOS, ARTHUR
Address: 2245 16TH STREET SW
City-St-Zip: VERO BEACH, FL 32962

Title: S ( ) Delete
Name: HAEGER, BECKY
Address: 425 90TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: T ( ) Delete
Name: BODE, BROOKE
Address: 1135 HIDDEN RIDGE #2118
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BODE-SPILIOS, BRETTON
Address: 236 18TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: VD (X) Change ( ) Addition
Name: BODE, SUZANNE
Address: 236 18TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: S (X) Change ( ) Addition
Name: LAPERSONERIE, LYNDA
Address: 8145 95TH COURT
City-St-Zip: VERO BEACH, FL 32967

Title: T (X) Change ( ) Addition
Name: MCHENRY, KAREN
Address: 2690 71ST CIRCLE #202
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRETTON BODE-SPILIOS PD 06/15/2005
Electronic Signature of Signing Officer or Director Date