2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# N04000010392

Entity Name: THE ACADEMY FOR EQUINE ASSISTED THERAPY, INC.

Current Principal Place of Business:

9733 ARBOR OAKS LANE, #107
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9733 ARBOR OAKS LANE, #107
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 87-0735538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

EBENER, ANKE
9733 ARBOR OAKS LANE, #107
BOCA RATON, FL 33428 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: DP ( ) Delete
Name: EBENER, ANKE
Address: 9733 ARBOR OAKS LANE, #107
City-St-Zip: BOCA RATON, FL 33428

Title: VPD ( ) Delete
Name: EBENER, ROLF
Address: 9733 ARBOR OAKS LANE, #107
City-St-Zip: BOCA RATON, FL 33428

Title: STD ( ) Delete
Name: DANOS, DORA P
Address: 1962 NE 6TH STREET
City-St-Zip: DEERFIELD BEAC, FL 33441

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:

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: ROLF EBENER VPD 05/13/2005
Electronic Signature of Signing Officer or Director — Date