2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# N04000010392

Entity Name: CHILDREN'S FOUNDATION OF EQUINE ASSISTED THERAPY, INC.

Current Principal Place of Business:

9557 AEGEAN DRIVE
BOCA RATON, FL 33496

New Principal Place of Business:

19535 SEA PINES WAY
BOCA RATON, FL 33498

Current Mailing Address:

9557 AEGEAN DRIVE
BOCA RATON, FL 33496

New Mailing Address:

19535 SEA PINES WAY
BOCA RATON, FL 33498

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

Name and Address of Current Registered Agent:

EBENER, ANKE
AEGEAN DRIVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

EBENER, ANKE
19535 SEA PINES WAY
BOCA RATON, FL 33498 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: _____ 04/26/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: EBENER, ANKE
Address: 19535 SEA PINES WAY
City-St-Zip: BOCA RATON, FL 33498

Title: SD
Name: TANO, MAXINE A
Address: 10532 WHEELHOUSE CIRCLE
City-St-Zip: BOCA RATON, FL 33426

Title: TD
Name: DANOS, DORA P
Address: 1962 NE 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D
Name: RUDNICK, JERRY H DR
Address: WOODCHUCK LANE
City-St-Zip: BOCA RATON, FL 33428

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: ANKE EBENER PD 04/26/2011
Electronic Signature of Signing Officer or Director — Date