

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006508

FILED
Apr 30, 2006
Secretary of State

Entity Name: TIANVICA RIDING ACADEMY, INCORPORATED.

Current Principal Place of Business:

5320 BAILEY RD
MULBERRY, FL 33860

New Principal Place of Business:

1704 PARKER ROAD
LAKLELAND, FL 33811

Current Mailing Address:

5320 BAILEY RD
MULBERRY, FL 33860

New Mailing Address:

1704 PARKER ROAD
LAKELAND, FL 33811

FEI Number: 20-3895582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, ROGER
5320 BAILEY RD
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

MEADOWS, ROGER
1704 PARKER ROAD
LAKELAND, FL 33811 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: ROGER O MEADOWS

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MEADOWS, ROGER
Address: 5320 BAILEY RD
City-St-Zip: MULBERRY, FL 33860

Title: DS () Delete
Name: MEADOWS, SARA
Address: 5320 BAILEY RD
City-St-Zip: MULBERRY, FL 33860

Title: DV () Delete
Name: SMITH, EDITH
Address: 4590 BAILEY RD
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MEADOWS, ROGER
Address: 1704 PARKER ROAD
City-St-Zip: LAKELAND, FL 33811

Title: DS (X) Change () Addition
Name: MEADOWS, SARA
Address: 1704 PARKER ROAD
City-St-Zip: LAKELAND, FL 33811

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 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: ROGER O. MEADOWS

DPT

04/30/2006

Electronic Signature of Signing Officer or Director

Date