2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003714

FILED Apr 01, 2008 Secretary of State

Entity Name: BEAUTY'S HAVEN FARM AND EQUINE RESCUE, INC.

Current Principal Place of Business: New Principal Place of Business:

2951 SE 160TH AVENUE 2951 SE 160TH AVENUE

MORRISTON, FL 32668 MORRISTON, FL 326682869 US

Current Mailing Address: New Mailing Address:

2951 SE 160TH AVENUE 2951 SE 160TH AVENUE

MORRISTON, FL 32668 MORRISTON, FL 326682869 US

FEI Number: 20-4783950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATCHELOR, ROBERT A
2951 SE 160TH AVENUE
BATCHELOR, ROBERT A
2951 SE 160TH AVENUE

MORRISTON, FL 32668 US MORRISTON, FL 326682869 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: 04/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:BATCHELOR, THERESA VName:BATCHELOR, THERESA VAddress:2951 SE 160TH AVENUEAddress:2951 SE 160TH AVENUE

City-St-Zip: MORRISTON, FL 32668 City-St-Zip: MORRISTON, FL 326682869 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BATCHELOR, ROBERT A
 Name:
 BATCHELOR, ROBERT A

 Address:
 2951 SE 160TH AVENUE
 Address:
 2951 SE 160TH AVENUE

 City-St-Zip:
 MORRISTON, FL 32668
 City-St-Zip:
 MORRISTON, FL 326682869 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 SHELDON, ALLISON
 Name:
 SHELDON, ALLISON

 Address:
 1998 N 2300 E
 Address:
 1998 N 2300 E

City-St-Zip: TWIN FALLS, ID 83301 City-St-Zip: TWIN FALLS, ID 83301 US

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 BORIS, ANNE A
 Name:
 BORIS, ANNE A

 Address:
 246 TANNER ROAD
 Address:
 246 TANNER ROAD

 City-St-Zip:
 FLORAHOME, FL 32140
 City-St-Zip:
 FLORAHOME, FL 32140 US

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. BATCHELOR VP 04/01/2008