2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N06000009352

Entity Name: INTERNATIONAL PEDIATRIC HIPPOTHERAPY INC.

Current Principal Place of Business:

4761 SW 126 AVE.
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

4761 SW 126 AVE.
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

FEI Number: 03-0607335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN, DEHLIA
4761 SW 126 AVE.
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

FRANKLIN, DEHLIA E DR
4761 SW 126 AVE.
SOUTHWEST RANCHES, FL 33330 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: DEHLIA E. FRANKLIN 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRANKLIN, DEHLIA
Address: 4761 SW 126 AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: ANGLIN, RAYMOND
Address: 7481 NW 13 ST.
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete
Name: BACHELOR, BYRON
Address: 10235 W. SAMPLE RD., STE. 205
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FRANKLIN, DEHLIA E DR
Address: 4761 SW 126 AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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 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: DEHLIA E. FRANKLIN D 04/27/2009
Electronic Signature of Signing Officer or Director Date