2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

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Entity Name: WILD HORSE OFFICIAL AID INC

Current Principal Place of Business:

10021 FRENCH CREEK LANE
N FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

10021 FRENCH CREEK LANE
N FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 27-3345240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, NIAL PRES
10021 FRENCH CREEK LANE
N FT MYERS, FL 33903 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: P
Name: ROBINSON, NIAL
Address: 10021 FRENCH CREEK LANE
City-St-Zip: N FT MYERS, FL 33903 US

Title: VP
Name: ROBINSON, KACIE
Address: 10021 FRENCH CREEK LANE
City-St-Zip: N FT MYERS, FL 33903 US

Title: OFF
Name: ROBINSON, MARY
Address: 10021 FRENCH CREEK LANE
City-St-Zip: N FT MYERS, FL 33903 US

Title: OFF
Name: ROBINSON, JENNA
Address: 10021 FRENCH CREEK LANE
City-St-Zip: N FT MYERS, FL 33903 US

Title: OFF
Name: ROBINSON, JESSICA
Address: 10021 FRENCH CREEK LANE
City-St-Zip: N FT MYERS, FL 33903 US

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: NIAL ROBINSON PRES 02/18/2011

Electronic Signature of Signing Officer or Director Date