2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N21621 1. Entity Name 01-26-2006 90027 041 ****70.00 THE FLORIDA RESEARCH INSTITUTE FOR EQUINE NURTURING, DEVELOPMENT AND SAFETY, INC. Principal Place of Business Mailing Address 19801 SHERIDAN ST PEMBROKE PINES FL 33332 1840 NE 65TH COURT FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2825751 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEYE, DEBRA Street Address (P.O. Box Number is Not Acceptable) 1840 N.E. 65 COURT FT. LAUDERDALE FL 33308 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNAT f applicable FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete Addition TITLE TIBLE Change Michelle McLean 11641 NW 24 street BEYE, FAITH A. NAME NAME STREET ADDRESS 1840 NE 65 COURT STREET ADDRESS Plantation FL 33323 FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP DTC ☐ Delete TITLE TITLE Change ☐ Addition BARWICK, DEBRA B NAME NAME 1840 NE 65 CT STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME HELLER, KAYE STREET ADDRESS 121 GOLDEN ISLE DRIVE STREET ADDRESS CITY-ST-7IP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LYNNÉ, MANDRY NAME NAME STREET ADDRESS STREET ADDRESS 3682 W VALLEY DRIVE CITY-ST-ZIP FORT LAUDERDALE FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUE YOUNG NAME NAME 1107 N.E. 16TH AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition JAY, HILTON DR DVM NAME NAME 5121 SW 90 AVENUE STE 5 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33328 CITY-S3-ZIP CITY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference employeered to exegute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

la Delle Dobro Beyo

14/06 (954)492-016

FILED

Jan 26, 2006 8:00 am