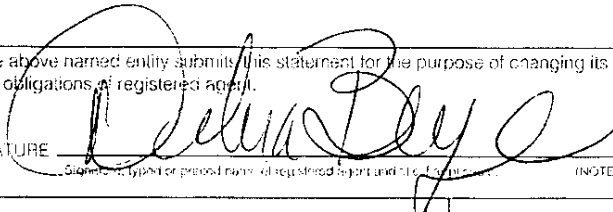


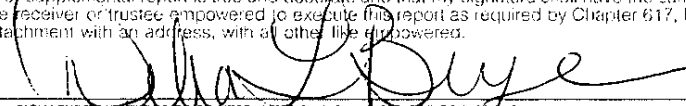
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 049 ****70.00

DOCUMENT # N21621 1. Entity Name THE FLORIDA RESEARCH INSTITUTE FOR EQUINE NURTURING, DEVELOPMENT AND SAFETY, INC.					
Principal Place of Business 19801 SHERIDAN ST PEMBROKE PINES FL 33332			Mailing Address 1840 NE 65TH COURT FORT LAUDERDALE FL 33308		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2825751				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent BEYE, DEBRA 1840 N.E. 65 COURT FT. LAUDERDALE FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE  (Signature is typed or printed name of registered agent and filed for filing) 1/23/08 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BEYE, FAITH A.		NAME	Robert Barwick	
STREET ADDRESS	1840 NE 65 COURT		STREET ADDRESS	1840 NE 65 Court	
CITY- ST- ZIP	FORT LAUDERDALE FL		CITY- ST- ZIP	Fort Lauderdale, FL 33308	
TITLE	DTC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARWICK, DEBRA B		NAME		
STREET ADDRESS	1840 NE 65 CT		STREET ADDRESS		
CITY- ST- ZIP	FT LAUDERDALE FL 33308		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCLEAN, MICHELLE		NAME		
STREET ADDRESS	11641 NW 24TH ST		STREET ADDRESS		
CITY- ST- ZIP	PLANTATION FL 33323		CITY- ST- ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LYNNE, MANDRY		NAME		
STREET ADDRESS	3682 W VALLEY DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33328		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUE YOUNG		NAME		
STREET ADDRESS	1107 N.E. 16TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	FT. LAUDERDALE FL		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JAY, HILTON DR DVM		NAME		
STREET ADDRESS	5121 SW 90 AVENUE STE 5		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33328		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 receiver or trustee empowered to execute 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:  **1/23/08**