2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35214

FILED Jul 25, 2007 Secretary of State

Entity Name: OSCEOLA COUNTY WAGON TRAIN AND TRAIL RIDE, INC.

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

6801 OLD MELBOURNE HWY SAINT CLOUD, FL 34771 US

Current Mailing Address: New Mailing Address:

PO BOX 420342 PO BOX 702513

KISSIMMEE, FL 347420342 US SAINT CLOUD, FL 34770 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MURDOCK, LES MURDOCK, LES

6801 OLD MELBOURNE HWY
KISSIMMEE, FL 34741 US
6801 OLD MELBOURNE HWY
SAINT CLOUD, FL 34771 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: LES MURDOCK 07/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 RICHICI, JOHN P
 Name:
 HANCOCK, ROBERT

 Address:
 4475 LASALLE AVENUE
 Address:
 204 RYDALMENT RD.

 City-St-Zip:
 SAINT CLOUD, FL 34772
 City-St-Zip:
 WINTER GARDEN, FL 33884

Title: D () Delete Title: () Change () Addition

 Name:
 MURDOCK, LES
 Name:

 Address:
 6801 OLD MELBOURNE HIGHWAY
 Address:

 City-St-Zip:
 SAINT CLOUD, FL 34771
 City-St-Zip:

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

Name:JESSEE, CHERYLName:LUX, LYNNAddress:1758 R. S. RANCH ROADAddress:1450 LAKE MARION RD.

City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete Title: () Change () Addition

 Name:
 ROWE, REX
 Name:

 Address:
 6495 OLD MELBOURNE HIGHWAY
 Address:

 City-St-Zip:
 SAINT CLOUD, FL 34771
 City-St-Zip:

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($)$ Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($X)$ Change $($)$ Addition}$

 Name:
 FIELITZ, ALAN L
 Name:
 FORD, JEFF

 Address:
 1740 BIF OAK LANE
 Address:
 2289 ELDORADO CT.

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 ST. CLOUD, FL 34771

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

 Name:
 STRAUSS, LESLIE
 Name:
 REDDITT, MINDY

 Address:
 PO BOX 700012
 Address:
 P.O. BOX 883

 City-St-Zip:
 ST. CLOUD, FL 34770
 City-St-Zip:
 CHRISTMAS, FL 32709

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: LYNN LUX T 07/25/2007