


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90060 035 ****61.25

DOCUMENT # N94000000995	
1. Entity Name DANCING HORSE DRESSAGE AND COMBINED TRAINING, INC.	

Principal Place of Business 4276 SERENDIPITY LANE WEST MELBOURNE, FL 32904	Mailing Address 4276 SERENDIPITY LANE 1310 LITTLE HARBOUR DR. WEST MELBOURNE, FL 32904
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2. Principal Place of Business - No P.O. Box # 226 McClain Drive	3. Mailing Address 226 McClain Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Melbourne, FL	City & State West Melbourne, FL
Zip 32904	Zip 32904
Country USA	Country USA

40010010



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0473022	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOOSKA, CINDY 4276 SERENDIPITY LANE WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 226 McClain Drive City West Melbourne FL Zip Code 32904	
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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 *Cindy Buoska* DATE 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	S MORSE, JOAN 4266 HIELD ROAD PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robin Masek 301 Trembly Aves W Palm Bay, FL 32908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLESPIE, SANDY 3866 HIELD ROAD PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Gillespie 3866 Hield Rd. Palm Bay, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBLE, KIT 3071 RIO PALMA NORTH INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barbara Brooke-Reese 131 Capri Avenue Sebastian, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOOSKA, CINDY 4276 SERENDIPITY LANE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cindy Buoska 226 McClain Dr. West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLSEPIE, SANDY 3866 HIELD RD NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jane Dargert 995 Paddock Lane Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MAY M 6625 W 82ND AVENUE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cynthia Lord 245 21st Ave Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cindy Buoska* DATE 4/16/08 (321) 508-6821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #