2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N95000001415

Entity Name: THE PROJECT STABLE FOUNDATION, INC.

Current Principal Place of Business:

5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

FEI Number: 65-0551042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTNEY, SHELDON
5790 SW 130 AVE
SOUTHWEST RANCHES, FL 33330 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: D ( ) Delete
Name: MCCARTNEY, SHELDON
Address: 5790 SW 130 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: MCCARTNEY, SANDRA
Address: 5790 SW 130 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: PERKINS, TOBY
Address: 5220 SW 109 AVE
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: PAUL, JUDY
Address: 14421 SW 24TH ST
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: D ( ) Delete
Name: SEGAL, FRED
Address: 2121 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: AXLER, HAL
Address: 13510 SW 9 PLACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHELDON MCCARTNEY D 03/13/2008

Electronic Signature of Signing Officer or Director — Date