

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001777

FILED  
Jun 13, 2007  
Secretary of State

**Entity Name:** WELLINGTON EQUESTRIAN ALLIANCE, INC.

**Current Principal Place of Business:**

14440 PIERSON ROAD  
WELLINGTON, FL 334147673 US

**New Principal Place of Business:**

**Current Mailing Address:**

14440 PIERSON ROAD  
WELLINGTON, FL 334147673 US

**New Mailing Address:**

**FEI Number:** 58-2331172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

MISCHE, EUGENE  
1301 SIXTH AVE WEST, #406  
BRADENTON, FL 34205 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MISCHE, EUGENE  
Address: 1301 6TH AVE. W., STE. 406  
City-St-Zip: BRADENTON, FL 34205

Title: VPD ( ) Delete  
Name: GRACIDA, MIMI  
Address: 14440 PIERSON ROAD  
City-St-Zip: WELLINGTON, FL 334147673 US

Title: VPD ( ) Delete  
Name: YLVISAKER, WILLIAM  
Address: 14440 PIERSON ROAD  
City-St-Zip: WELLINGTON, FL 334147673 US

Title: STD ( ) Delete  
Name: WHITLOW, MICHAEL  
Address: 14440 PIERSON ROAD  
City-St-Zip: WELLINGTON, FL 334147673 US

Title: D ( ) Delete  
Name: WEISE, TED  
Address: 14440 PIERSON ROAD  
City-St-Zip: WELLINGTON, FL 334147673 US

Title: D ( ) Delete  
Name: JACOBS, JEREMY  
Address: 14440 PIERSON ROAD  
City-St-Zip: WELLINGTON, FL 334147673 US

**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:

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: EUGENE MISCHE

MR.

06/13/2007

Electronic Signature of Signing Officer or Director

Date