2006 NOT-FOR-PROFIT CORPORATION ~ ANNUAL REPORT (AR)

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N98000000546 1. Entity Name 04-27-2006 90174 036 ***150.00 SUNCOAST CUTTING HORSE ASSOC., INC. Principal Place of Business Mailing Address 3654 PEPPER LANE 3654 PEPPER LANE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame SCHWAB, ANN MARIE Street Address (P.O. Box Number is Not Acceptable) 3660 PEPPER LANE NEW SMYRNA BEACH FL 32168 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHWAB, ANN MARIE NAME 3660 PEPPER LANE STREET ADORESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition LOVE, CHUCK NAME NAME STREET ADDRESS P.O. BOX 849 STREET ADDRESS JUPITER FL 33468 CITY-ST-ZIP CITY-ST-ZIP - Derete TITLE Change-☐ Addition NAME HEMINGER, MARILYN NAME STREET ADDRESS 3585 E. WEST COVE CT. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34434** CITY-ST-ZIP TITLE D ☐ Delete TITLE ■ Addition SOKOL, TED NAME NAME STREET ADDRESS 3654 PEPPER LN. STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE EVANS, RORY NAME NAME 621 DUNMAR CIRCLE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

FILED

3/29/06 386-423-342