2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N98000006669

Entity Name: HOPES, DREAMS AND HORSES, INC.

Current Principal Place of Business:

13153 169TH CT NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

609 N HEPBURN AVE
105
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0877996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWELL, BETH C
609 N. HEPBURN AVE
105
JUPITER, FL 33458 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:	P	( ) Delete
Name:	COPELAND, SUSAN	
Address:	13153 169TH CT NORTH	
City-St-Zip:	JUPITER, FL 33478	
Title:	V	( ) Delete
Name:	MORRILL, WENDY	
Address:	107 E HAMPTON WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	T	( ) Delete
Name:	CROWELL, BETH	
Address:	609 N HEPBURN AVE SUITE 105	
City-St-Zip:	JUPITER, FL 33458	
Title:	S	( ) Delete
Name:	BOWMAN, PEGGY	
Address:	12345 RANDOLPH SIDING RD	
City-St-Zip:	JUPITER, FL 33478	
Title:	D	( ) Delete
Name:	MITCHELL, MEGAN	
Address:	12394 154TH RD. N	
City-St-Zip:	JUPITER, FL 33478 US	
Title:	D	( ) Delete
Name:	DIACK, MISSY	
Address:	34 WATERSIDE CLOSE	
City-St-Zip:	EASTCHESTER, NY 10709 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:	
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: SUSAN COPELAND P 04/30/2007

Electronic Signature of Signing Officer or Director — Date