

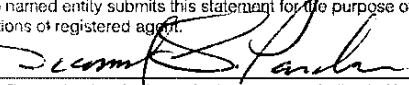
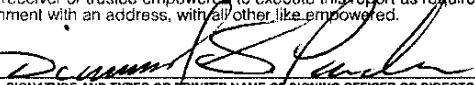


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90179 034 \*\*\*150.00

<b>DOCUMENT # P00000001867</b> 1. Entity Name <b>ADVENTURES ON HORSEBACK, INC.</b>					
Principal Place of Business <b>308 GRAHAM DRIVE CLEARWATER, FL 33765</b>			Mailing Address <b>308 GRAHAM DRIVE CLEARWATER, FL 33765</b>		
2. Principal Place of Business <b>12305 Hickman Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>12305 Hickman Ave</b> Suite, Apt. #, etc.			
City & State <b>Brooksville, FL</b> Zip <b>34601</b> Country <b>US</b>		City & State <b>Brooksville, FL</b> Zip <b>34601</b> Country <b>US</b>		4. FEI Number <b>59-3617644</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PARDOS, DIAMOND S 308 GRAHAM DRIVE CLEARWATER, FL 33765</b>			7. Name and Address of New Registered Agent Name <b>Pardos, Diamond S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12305 Hickman Ave</b> City <b>Brooksville</b> <b>FL</b> Zip Code <b>34601</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARDOS, DIAMOND S 308 GRAHAM DRIVE CLEARWATER, FL 33765</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12305 Hickman Ave Brooksville, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARDOS, PAMELA J 308 GRAHAM DRIVE CLEARWATER, FL 33765</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12305 Hickman Ave Brooksville, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50044667**