

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092779

FILED
Feb 06, 2009
Secretary of State

Entity Name: EUROPEAN EQUESTRIAN WORLD, INC.

Current Principal Place of Business:

1007 N. FEDERAL HWY.
SUITE 279
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1007 N. FEDERAL HWY.
SUITE 279
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1033030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MREJEN, ARIE PA
701 W CYPRESS CREEK RD, STE 302
FT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OHLY, SABINE
Address: 1007 NORTH FEDERAL HIGHWAY #279
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D () Delete
Name: OHLY, ANDREAS
Address: 1007 NORTH FEDERAL HIGHWAY #279
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABINE OHLY

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date