

# 2006. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000105296</b>                           |  |
| <b>1. Entity Name</b><br>LOCKHART MOUNTAIN STABLES, INC. |                                                                                   |

|                                                                                                               |                                                                                              |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>11380 PROSPERITY FARMS ROAD<br>SUITE 201<br>PALM BEACH GARDENS FL 33410 | <b>Mailing Address</b><br>14639 CRAZY HORSE LANE<br>SUITE 201<br>PALM BEACH GARDENS FL 33418 |
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|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                         |                                                                |
|-----------------------------------------|----------------------------------------------------------------|
| 1st MOORE                               | CR2E034 (10/05)                                                |
| <b>4. FEI Number</b><br>65-1058048      | Applied For<br>Not Applied                                     |
| <b>5. Certificate of Status Desired</b> | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>HELGESEN, ANDREW<br>11380 PROSPERITY FARMS ROAD<br>SUITE 201<br>PALM BEACH GARDENS FL 33410 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |             |
|----------------------------------------------------|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

**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.

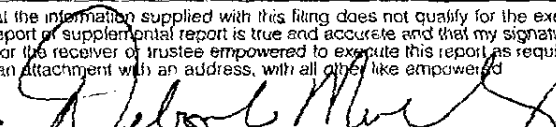
|                                                                                                  |                                                              |             |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | <b>DATE</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------|

|                                                                                                                                                 |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MULLANEY, DEBORAH A<br>14639 CRAZY HORSE LANE<br>PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MULLANEY, DONALD J<br>14639 CRAZY HORSE LANE<br>PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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.

|                                                                                                          |                         |                                         |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| <b>SIGNATURE:</b><br> | <b>DATE:</b><br>4/16/06 | <b>DAYTIME PHONE #:</b><br>561-662-2246 |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|