2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P01000119946

Entity Name: FIELD OF DREAMS STABLES, INC.

Current Principal Place of Business:

2483 PADDOCK WAY
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

5920 ROCKING HORSE RD.
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 04-3600036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELHORN, ROSEMARY
5920 ROCKING HORSE RD.
ORLANDO, FL 32817 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: DP ( ) Delete
Name: SPINKS, TRACY M
Address: 2483 PADDOCK WAY
City-St-Zip: OVIEDO, FL 32765

Title: DV ( ) Delete
Name: SHELHORN, ROBERT S
Address: 5920 ROCKING HORSE RD.
City-St-Zip: ORLANDO, FL 32817

Title: DTS ( ) Delete
Name: SHELHORN, ROSEMARY
Address: 5920 ROCKING HORSE RD.
City-St-Zip: ORLANDO, FL 32817

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACY M. SPINKS DP 04/12/2005

Electronic Signature of Signing Officer or Director — Date