2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# P02000086062

Entity Name: EQUINE LIMOUSINE, INC.

Current Principal Place of Business:

2831 NW 68TH AVE.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

2831 NW 68TH AVE.
OCALA, FL 34482

New Mailing Address:

FEI Number: 02-0642933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECHTOLD, BRUCE
2831 NW 68TH AVE.
OCALA, FL 34482 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: BECHTOLD, BRUCE
Address: 2831 NE 68TH AVE
City-St-Zip: OCALA, FL 34482

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP ( ) Change (X) Addition
Name: AUSTIN, GREGORY D MR.
Address: 4416 CANTON HWY.
City-St-Zip: CUMMINGS, GA 30040

Title: CFO ( ) Change (X) Addition
Name: OSBORNE, EMILY J MS
Address: 291 FALLING LEAF DR.
City-St-Zip: RAEFORD, NC 28376

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: BRUCE BECHTOLD P 10/28/2008

Electronic Signature of Signing Officer or Director — Date