## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P04000091633

1. Entity Name



## FILED Apr 30, 2007 8:00 am Secretary of State

P.B. EQUINE PRODUCTS, INC.					04-30-2007 90831 003 ***150.00				
Principal Place of Business  205 WORTH AVENUE  303  PALM BEACH, FL 33480 US  Mailing Address  205 WORTH AVENUE  303  PALM BEACH, FL 33480			) US			Banı bibi banı beni beni b	<b>i B</b> eil <b>Bo</b> ilo (Wiol III)	[[ <b>] 1</b> ]]]]]	(1 <b>01</b> ) # 1 <b>11</b>
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe 20-125				oplied For of Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	Agent	
DDIAN C	W IDDE 1		Name						
BRIAN, PHILIPPE J 205 WORTH AVENUE 303			Street A	ddress (I	O. Box Numbe	er is Not Acceptat	ole)		
	ACH, FL 33480								
			City				FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office o	r register	ed agent, or bot	h, in the State of I	Florida. I am i	amiliar with,	and accept
SIGNATURE.									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: ?	Registered Agent signat	nie tednied	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			00 May Be ed to Fees				
		Trust Fund Contrib			ed to Fees	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
After M. 10. IIILE	OFFICERS AND DVP	Trust Fund Contrib	11. IIILE		ed to Fees	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
After M.  10.  TITLE  NAME	OFFICERS AND  OVP  BENOIT, PHILIPPE	Trust Fund Contrit DIRECTORS	11. IIILE NAME	Adde	ed to Fees ADDITIONS/			<b>X</b> Change	
10.  TITLE NAME STREET ADDRESS	OFFICERS AND  DVP  BENOIT, PHILIPPE  2418 VISTA DEL PRADO	Trust Fund Contrit DIRECTORS	Dution.   11.  IITLE  NAME  STREET ADDRESS	205	ADDITIONS/	AVENUE	SUITE	<b>X</b> Change	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND DVP BENOIT, PHILIPPE 2418 VISTA DEL PRADO WELLINGTON, FL 33414	Trust Fund Contrit  DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	205	ADDITIONS/		SUITE	⊠ Change	Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Mulelle J. Buay PHILIPPE J. BRIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR QU/25/07 561 2444445 SIGNATURE: \_