

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90057 025 \*\*\*158.75

<b>DOCUMENT # P04000097036</b>					
<b>1. Entity Name</b> EQUESTRIAN CONNECTION, INC.					
<b>Principal Place of Business</b> 13019 159TH ST. N. JUPITER, FL 33478			<b>Mailing Address</b> 13019 159TH ST. N. JUPITER, FL 33478		
<b>2. Principal Place of Business</b> 9437 167TH PL N Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9437 167TH PL N Suite, Apt. #, etc.			
<b>City &amp; State</b> JUPITER, FL Zip 33478 Country US		<b>City &amp; State</b> JUPITER, FL Zip 33478 Country U.S.		<b>4. FEI Number</b> 20-1326444	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> H.A. INCORPORATED 308 NW 101ST TERR. CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name <b>NORBERT NASI</b> Street Address (P.O. Box Number is Not Acceptable) 9437 167TH PL N City <b>JUPITER</b> FL Zip Code <b>33478</b>		
<b>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 <u>Norbert Nasi, NORBERT NASI, PRESIDENT 2/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ALBERT, JILL 13019 159TH ST. N. JUPITER, FL 33478		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIVIT/5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NASI, NORBERT 9437 167TH PL N JUPITER, FL 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NASI, NORBERT 13019 159TH ST. N. JUPITER, FL 33478		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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>					
<b>SIGNATURE:</b> <u>Norbert Nasi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/18/05 5612143140 <small>Date Daytime Phone #</small>		