


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 027 ***150.00

DOCUMENT # P04000138909 1. Entity Name ROCKING M EQUINE SERVICES INC.					
Principal Place of Business 622 W PALM ST LANTANA, FL 33462			Mailing Address 622 W PALM ST LANTANA, FL 33462		
2. Principal Place of Business - No P.O. Box # 16640 Deer Path Ln Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 212635 Suite, Apt. #, etc.			
City & State Loxahatchee FL Zip 33470		City & State ROYAL PALM BCH FL Zip 33421		4. FEI Number 20-1719034 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BCH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name DELANEY GARRETT Street Address (P.O. Box Number is Not Acceptable) 16325 FAIRGREEN RD City WEST PALM BCH FL Zip Code 33417		
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. SIGNATURE <u><i>Delaney Garrett</i></u> DATE <u>01-08-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MORANO, ANTHONY J 622 W PALM ST LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MORANO, ANTHONY J P.O. BOX 212635 ROYAL PALM BCH FL 33421
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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 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.					
SIGNATURE: <u><i>Anthony J Morano</i></u> DATE <u>1/11/07</u> DAYTIME PHONE # <u>(561) 248-5597</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					