

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167035

Entity Name: TWO HORSES, INC.

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

2706 PARKLAKE COURT
FORT COLLINS, CO 80525 US

New Principal Place of Business:

Current Mailing Address:

677 N. WASHINGTON BLVD.
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 20-1996952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DAY, SHARON ESQ.
677 N. WASHINGTON BLVD.
SARASOTA, FL 34236 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: P () Delete
Name: VERITY, JOHN
Address: 2706 PARKLAKE CT.
City-St-Zip: FT. COLLINS, CO 80525 US

Title: VP () Delete
Name: WELLS, CAROLYN
Address: 2706 PARKLAKE CT.
City-St-Zip: FT. COLLINS, CO 80525 US

Title: SEC () Delete
Name: WELLS, CAROLYN
Address: 2706 PARKLAKE CT.
City-St-Zip: FT. COLLINS, CO 80525 US

Title: TRES () Delete
Name: WELLS, CAROLYN
Address: 2706 PARKLAKE CT.
City-St-Zip: FT. COLLINS, CO 80525 US

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:

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: CAROLYN WELLS

VP

05/17/2005

Electronic Signature of Signing Officer or Director

Date