2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000013473

Entity Name: MEDALIST EQUESTRIAN GROUP, INC.

Current Principal Place of Business:

1335 LAKE BREEZE DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

% BARBARA P. RICHARDSON, ESQUIRE
250 AUSTRALIAN AVE SOUTH, STE 500
W PALM BCH, FL 33401

New Mailing Address:

1335 LAKE BREEZE DRIVE
WELLINGTON, FL 33414

FEI Number: 01-0827732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, BARBARA P ESQUIRE
SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE SOUTH STE 500
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

RICHARDSON, BARBARA P ESQUIRE
SHUTTS & BOWEN LLP
525 OKEECHOBEE BLVD., SUITE 1100
W PALM BCH, FL 33401 US

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: BARBARA P. RICHARDSON 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: BROPHY, THOMAS P
Address: 12832 MEADOWBREEZE DR
City-St-Zip: WELLINGTON, FL 33414

Title: VP/D ( ) Delete
Name: RICHARDSON, BARBARA P
Address: 1335 LAKE BREEZE DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: BROPHY, THOMAS P
Address: 1863 HOLLY HOCK ROAD
City-St-Zip: WELLINGTON, FL 33414

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

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: BARBARA P. RICHARDSON VP 04/30/2008
Electronic Signature of Signing Officer or Director Date