2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036252

Entity Name: IRONHORSE ACRES, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1260 SHADY LANE 4630 JAMES ROAD

MERRITT ISLAND, FL 32952 US COCOA, FL 32926 US

Current Mailing Address: New Mailing Address:

1260 SHADY LANE

MERRITT ISLAND, FL 32952 US

FEI Number: 20-2478187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOUVIER, PAUL A
3210 N. WICKHAM ROADK
SUITE 5
MELBOURNE, FL 32935 US
BOUVIER, PAUL A
3210 N. WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935 US
BOUVIER, PAUL A
3210 N. WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935 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: 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 LOZAW, TIM
 Name:
 LOZAW, TIMOTHY

 Address:
 1260 SHADY LANE
 Address:
 1260 SHADY LANE

City-St-Zip: MERRITT ISLAND, FL 32952 US City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: DVPT () Delete Title: () Change () Addition

 Name:
 LOZAW, DONNA
 Name:

 Address:
 1260 SHADY LANE
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32952 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY LOZAW DPS 04/28/2006