2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # P05000094140 1. Entity Name HORSES UNLIMITED ENTERTAINMENT, INC.			Cakin Ch			02-04-2008 90028 031 ***150.00			
Principal Place of Business Mailing Address						_			
30175 RIVER RANCH BLVD RIVER RANCH, FL 33867		30175 RIVER RANCH BLVD RIVER RANCH, FL 33867							
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-P	CR2E034 (12/	06)		
City & State		City & State			4. FEI Numbe 20-310			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional quired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MASON, JUDY				Name					
30175 RIVER RANCH BLVD RIVER RANCH, FL 33867				Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code				
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 Signature: Noted or printed name of registered agent and tife if applicable (NOTE: Registered Agent, signature required when renstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees	_			
10. OFFICERS AND DIRECTORS			11.		ADDITIONS,	CHANGES TO OF	FICERS AND DIREC	TORS IN 11	
TITLE	_ 55,005		TITLE				Cha	nge 🔲 Addition	
NAME STREET ADDRESS -	,		NAME	ADDRESS 3	3200 River Ranch Blud #30175				
CHTY-ST-ZIP			CITY-SI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	¢• 1400 16	1110	00.70	
TITLE	☐ Delete III		TITLE				Cha	nge 🔲 Addition	
NAME	N/		NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS - ZIP					
TITLE	- 		THEE				Cha	nge Addition	
NAME			NAME				_		
STREET ADDRESS CITY-ST-ZIP			CITY-SI	address - Zip					
TITLE	☐ Delete 1tft						☐ Cha	inge 🔲 Addition	
NAME	N c			1DDOECC					
STREET ADDRESS CHY-ST-ZIP				ADDRESS - ZIP					
TITLE	☐ Delete FIIL						Cha	inge 🗌 Addition	
NAME CIRCUIDORES			NAME	ADDRI GG				:	
STREET ADDRESS CATY-ST-ZIP			CITY-SI	ADDRESS - ZIP					
MLE			TITLE				☐ Cha	inge 🗌 Addition	
NAME			NAME					3 <u> </u>	
STREET ADDRESS			STREET A	ADDRESS					
CITY-ST-ZIP	cortify that the information cumplied wi	N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				S. Electrical Construction	. I for all a construction of		

12. Thereby 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 address, with all other like empowered.

SIGNATURE!

TURE THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #