## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000112462

Entity Name: VINTAGE THOROUGHBREDS, INC.

FILED Apr 28, 2009 Secretary of State

US

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

8927 HYPOLUXO ROAD 11854 WINDMILL LAKE DRIVE SUITE A-4 BOYNTON BEACH, FL 33473 LAKE WORTH, FL 33467

**New Mailing Address: Current Mailing Address:** 

8927 HYPOLUXO ROAD C/O 2816 - 11 STREET NE SUITE -4 LAKE WORTH, FL 33467 CALGARY, AB T2E 7S7 CA

FEI Number: 26-1267329 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:

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE SUITE Á TALLAHASSEE, FL 32301

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ATKINSON, JAMES L ATKINSON, JAMES L Name: Name: 8927 HYPOLUXO ROAD, SUITE A-4 Address:

C/O #200 - 2816 - 11 STREET NE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: CALGARY, AB T2E 7S7 CA

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

Name: MALEK, RAJA A Name: 8927 HYPOLUXO ROAD, SUITE A-4 Address: Address: LAKE WORTH, FL 33467 City-St-Zip: 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: JAMES L. ATKINSON D PS 04/28/2009