

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131761

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** WALKABOUT STABLES, INC.

**Current Principal Place of Business:**

2962 D ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

1774 STALLION DRIVE  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

2962 D ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

PO BOX 685  
LOXAHATCHEE, FL 33470

FEI Number: 20-2252114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEFFT, SASHA  
2670 DOE TRAIL  
LOXAHATCHEE, FL 33470 US

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

TEFFT, SASHA  
1774 STALLION DRIVE  
LOXAHATCHEE, FL 33470 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: SASHA TEFFT

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TEFFT, SASHA  
Address: 2962 D ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TEFFT, SASHA  
Address: 1774 STALLION DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

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: SASHA TEFFT

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date