

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003759

FILED
Jan 13, 2009
Secretary of State

Entity Name: NIAL CAREY SHOW STABLES, INC.

Current Principal Place of Business:

2119 WINGATE BEND BLVD
WEST PALM BEACH, FL 33414

New Principal Place of Business:

14270 CALYPSO LN
WELLINGTON, FL 33414

Current Mailing Address:

2119 WINGATE BEND BLVD
WEST PALM BEACH, FL 33414

New Mailing Address:

P O BOX 398
LOXAHATCHEE, FL 33470

FEI Number: 26-1795510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: DPTS () Delete
Name: CAREY, NIAL
Address: PO BOX 398
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NAIL CAREY

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date