2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P08000094980

Entity Name: HEATHCOTE POLO FLORIDA, INC.

Current Principal Place of Business:

15 HEATHCOTE WAY
AMENIA, NY 12501

New Principal Place of Business:

15 HEATHCOTE LANE
AMENIA, NY 12501 US

Current Mailing Address:

C/O MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414

New Mailing Address:

C/O MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414 US

FEI Number: 26-3644788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 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: PD ( ) Delete
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE WAY
City-St-Zip: AMENIA, NY 12501

Title: ST ( ) Delete
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE WAY
City-St-Zip: AMENIA, NY 12501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE LANE
City-St-Zip: AMENIA, NY 12501 US

Title: ST (X) Change ( ) Addition
Name: THORNE, OAKLEIGH
Address: 15 HEATHCOTE LANE
City-St-Zip: AMENIA, NY 12501 US

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: OAKLEIGH THORNE PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date