2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27550

FILED Mar 13, 2008 Secretary of State

Entity Name: ADOPT-A-HORSE, LTD., INC. **Current Principal Place of Business: New Principal Place of Business:** 9500 PAYNE ROAD 479 LAKE APTHORP DRIVE SEBRING, FL 33875 US LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** 16891 NW 20TH AVENUE TRENTON, FL 32693 FEI Number: 22-2954282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, JUDY 16891 NW 20TH AVENUE TRENTON, FL 32693 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT () Change () Addition () Delete PRICE, JUDY S Name: Name: Address: 16891 NW 20TH AVENUE Address: City-St-Zip: TRENTON, FL 32693 US City-St-Zip: Title: () Delete Title: () Change () Addition JONES, DONALD MD Name: Name: Address: 1 CAPTAIN KIDD LANE Address: City-St-Zip: WINTER HAVEN, FL 33880 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WHITTAKER, HELEN Name: SESSIONS, OPHELIA Name: 700 SE 57TH COURT ROAD Address: 132 PRADO CT Address: City-St-Zip: SEBRING, FL 33876 US City-St-Zip: TRENTON, FL 32693 US () Delete Title: Title: (X) Change () Addition Name: SPURLOCK, ALIX P Name: SPURLOCK, ALIX P 1890 NW 167TH PLACE Address: 1951 NW 167TH PLACE Address: City-St-Zip: TRENTON, FL 32693 US City-St-Zip: TRENTON, FL 32693 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY S. PRICE P 03/13/2008