## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P94000036410 1. Entity Name ENGLISH STABLES, INC. Principal Place of Business Mailing Address P.O. BOX 1100 P.O. BOX 1100 WINDERMERE, FL 34786-1100 WINDERMERE, FL 34786-1100 No Cha-P 03272006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3242528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE ENGLISH, JAMES E **603 MAIN ST.** WINDERMERE, FL 34786 IN THIS SPACE 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE, Registered Agent agnotive required when renstating) Spriature, typed or primed name of regretated agent and title if applicable \$5.00 May Be 9. Election Campaign Financing F81805000000 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/27/06-80093-002 150.00 10. OFFICERS AND DIRECTORS DPST TITLE ENGLISH, JAMES E. NAME STREET ADDRESS 603 MAIN STREET WINDERMERE, FL CITY-SI-ZIP BBE NAME STREET ADDRESS CITY-SI-ZP RRE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADORESS CHY-SI-DP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the curporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaphment with an address, with all other fixe empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**