2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

May 06, 2005 8:00 am Secretary of State DOCUMENT # P95000065321 1. Entity Name 05-06-2005 90092 025 ***150.00 WYNDHURST STABLES, INC. Principal Place of Business Mailing Address 8341 45TH ST SOUTH LAKE WORTH FE 93467 926 SW 387H CT. BOYNTON BEACH EL 33435 50049876 2. Principal Place of Business 3. Mailing Address 11533 Manatee Terrace Suite, Apt. #, etc. 11533 Manatee Terrace Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0607297 Lake Worth Lake Worth Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 42N USA 33467 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREBOOM, DOUGLAS E 470 COLUMBIA DRIVE STE D-201 WEST PALM BEACH-EL 33409 Christine Du Four Street Address (P.O. Box Number is Not Acceptable) City Zip Code 33467 Lake Worth 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTS DPTS TITLE TITLE Delete Change ☐ Addition Dufor Christine 11533 Monates Terrace Lakeworth, FL 33467 DU FOUR, CHRISTINE NAME NAME STREET ADDRESS 926-SW 38TH CT STREET ADDRESS CITY-ST-ZIP BOYTON BEACH EL 33435 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition Dufour Michael 11533 manates Terrace NAME DUFOUR, MICHAEL STREET ADDRESS 926-SW-38TH-CT STREET ADDRESS Lake Work. FL 33467 BOYTON BEACH FL 33435 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Defete TITLE ☐ Change Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED