2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061241

Entity Name: EQUESTRIAN MARKETING GROUP, INC.

FILED Apr 29, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
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| Ourient i inicipal i lace of Dusiness. | New I Interput I face of Dasiness |

13873 WELLINGTON TRACE B-1

WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

C/O LINDA S. WIRTZ, EQUESTRIAN MKTG. GR. P.O. BOX 1331 C/O LINDA S. WIRTZ, EQUESTRIAN MKTG. GR. P.O. BOX 1331

LOXAHATCHEE, FL 334701331 US LOXAHATCHEE, FL 33470 US

FEI Number: 65-0774626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WIRTZ, LINDA S 13873 WELLINGTON TRACE B1 WELLINGTON, FL 33414 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

Name: WIRTZ, LINDA S Name: WIRTZ, LINDA S

 Address:
 13873 WELLINGTON TRECE B1
 Address:
 13873 WELLINGTON TRACE B1

 City-St-Zip:
 WELLINGTON, FL 33470
 City-St-Zip:
 WELLINGTON, FL 33470

Title: DVT () Delete Title: DVT (X) Change () Addition

Name: VAN DELL, JOHN Name: VAN DELL, JOHN

Address: 13873 WELLINGTON TRECE B1 Address: 13873 WELLINGTON TRACE B1 City-St-Zip: WELLINGTON, FL 33470 City-St-Zip: WELLINGTON, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA S. WIRTZ DPS 04/29/2005