

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000096663

Entity Name: PLUSH PONY, INC.

FILED  
Jul 20, 2007  
Secretary of State

## Current Principal Place of Business:

2028 S MILITARY TRAIL  
W PALM BCH, FL 33415 US

## New Principal Place of Business:

## Current Mailing Address:

305 EMERSON CIRCLE  
PALM SPRINGS, FL 33461

## New Mailing Address:

FEI Number: 65-0793726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FUCHS, LANCE C  
7108 FAIRWAY DRIVE  
SUITE 200  
PALM BEACH GARDENS, FL 33418 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

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: CAIN, GERALD E  
Address: 305 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33469

Title: VS ( ) Delete  
Name: CAMPANY, JACQUELYN  
Address: 1468 FAIRWAY CIRCLE  
City-St-Zip: GREENACRES, FL 33413

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAIN, GERALD E  
Address: 305 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP (X) Change ( ) Addition  
Name: MULLINS, BRIAN  
Address: 305 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: S ( ) Change (X) Addition  
Name: MULLINS, KATHLEEN  
Address: 305 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: T ( ) Change (X) Addition  
Name: MULLINS, KATHLEEN  
Address: 305 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

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: GERALD CAIN

P

07/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date