

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096663

Entity Name: PLUSH PONY, INC.

FILED
Jun 18, 2008
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:

2028 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

FEI Number: 65-0793726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MULLINS, BRIAN
Address: 4635 EMERALD VISTA C-134
City-St-Zip: LAKE WORTH, FL 33461

Title: S (X) Change () Addition
Name: MULLINS, KATHLEEN
Address: 4635 EMERALD VISTA C-134
City-St-Zip: LAKE WORTH, FL 33461

Title: T (X) Change () Addition
Name: MULLINS, KATHLEEN
Address: 4635 EMERALD VISTA C-134
City-St-Zip: LAKE WORTH, 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

PRES

06/18/2008

Electronic Signature of Signing Officer or Director

Date