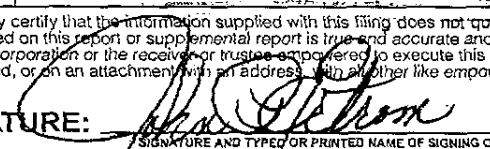


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000043240		
1. Entity Name DRESSAGE CENTER, INC.		
Principal Place of Business 1307 SPRING GARDEN RD. DELEON SPRINGS, FL 32130	Mailing Address P O BOX 6508 SYRACUSE, NY 13217	
DO NOT WRITE IN THIS SPACE		
		
		01062006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3522382		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EXTROM, JOHN 128 RIVERWALK DR S PALM COAST, FL 32164		DO NOT WRITE IN THIS SPACE
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) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	EXTROM, JOHN P	
STREET ADDRESS	128 RIVERWALK DS	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	V	
NAME	PINTO, LINDA	
STREET ADDRESS	160 SHADY BLUFF TRL	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	TD	
NAME	POULIN, SHARON	
STREET ADDRESS	100 CATAALONIA PO BOX 597	
CITY-ST-ZIP	DELAND SPRING, FL 32130	
TITLE	SD	
NAME	THOMPSON, JUDITH	
STREET ADDRESS	920 SHADY BRANCH TRAIL	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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 another like empowered.		
SIGNATURE: 		1/6/06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		315-422 3516 Daytime Phone #