

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90477 018 \*\*\*150.00

**DOCUMENT # P98000054569**

1. Entity Name  
**INTERNATIONAL DRESSAGE ACADEMY OF  
WELLINGTON, INC.**



Principal Place of Business  
**12788 W FOREST HILL BLVD  
SUITE 2005  
WELLINGTON, FL 33414**

Mailing Address  
**12788 W FOREST HILL BLVD  
SUITE 2005  
WELLINGTON, FL 33414**

**50017633**



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0851232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SPILLANE, J P  
12788 W FOREST HILL BLVD  
SUITE 2005  
WELLINGTON, FL 33414**

**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURSENS, PATRICK J.A.W. 361 CINDY DR. LITTLE RANCHES WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BURSENS, MARIA S 361 CINDY DR. LITTLE RANCHES WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TINOVITZKI, JOSUE AVENIDA DELOS ARCOS 80 COROVIA MEXICO, 53290
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 26 2006**

Date

**(561) 7913651**

Daytime Phone #

ATTACHMENT

50017633

# 098000054569

SPILLANE, WITTLIN, CAIN & DRY, CPA's, PA  
12788 W. FOREST HILL BLVD., SUITE 2005  
WELLINGTON, FL 33414  
(561) 790-1488

Client: **INTERNATIONAL DRESSAGE ACADEMY**

INSTRUCTIONS FOR FILING  
CORPORATION ANNUAL REPORT

YEAR : **2006**

  X   Sign, print your name, phone number, and date the report.

Before **MAY 1, 2006** mail in the attached envelope to:

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

  X   Attach your check payable to:

**Florida Department of State** in the amount of **\$ 150.00**

If you have any questions concerning these instructions, please  
contact us.