


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000054569 1. Entity Name INTERNATIONAL DRESSAGE ACADEMY OF WELLINGTON, INC.	
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04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0851232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPILLANE, J P 12788 W FOREST HILL BLVD SUITE 2005 WELLINGTON, FL 33414
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURSSENS, PATRICK J.A.W. 361 CINDY DR. LITTLE RANCHES WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURSSENS, 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	

U00000759504 05/24/07-80044-010 150.00 DO NOT WRITE IN THIS SPACE
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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, which is other like empowered.

SIGNATURE:  **April 23 07** @ (561) 7929492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #