2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: >

Secretary of State **DOCUMENT # P98000096949** 05-01-2007 90052 027 ***150.00 BEAUTIFUL RANCH HORSES CORPORATION Principal Place of Business 400aoo-Mailing Address 950 NE 110TH ST 950 NE 110TH ST OCALA, FL 34479 OCALA, FL 34479 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5924 SW 89TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) Applied For 4. FFI Number City & State City & State 65-0880797 Not Applicable OCALA. Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 4496 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWANSON, VIVIAN L Street Address (P.O. Box Number is Not Acceptable) 25 SW 27THA VE OCALA, FL 34474 City FL Zip Code 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT Change TITLE Addition TITLE ☐ Delete NAME MOLINA, AICARDO NAME 59245W 895#5T. 950 NE 116TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34479 CITY-ST-ZIP **Change** ☐ Delete TITLE ■ Addition TITLE 5914 SW 89TH ST. NAME ARANGO, YOLANDA NAME STREET ADDRESS 950 NE 110TH ST STREET ADDRESS CITY-ST-ZIP OCALA, FL 34479 CITY-ST-ZIP DS ■ Addition TITLE ☐ Delete TITLE NAME MOLINA, FREDDIE NAME 59145W 89 TH ST. STREET ADDRESS 950 NE 110TH ST STREET ADDRESS CITY-ST-ZIP OCALA, FL 34479 CITY-ST-ZIP Change Addition Delete THUE NAME CARDONA, JAIME NAME B 9 TH ST, 5924 5W STREET ADDRESS 950 NE 110TH ST STREET ADDRESS OCALA, FL 34479 CITY-ST-ZIP 34476 CITY-ST-ZIP OCALA, FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

FILED

May 01, 2007 8:00 am