2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103187

Entity Name: KINGRIDGE STABLES SOUTH, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4890 W. KENNEDY BLVD. 4890 W. KENNEDY BLVD.

SUITE 900 SUITE 900

TAMPA, FL 33609 TAMPA, FL 336091850 US

Current Mailing Address: New Mailing Address:

4890 W. KENNEDY BLVD. 4890 W. KENNEDY BLVD.

SUITE 900 SUITE 900

TAMPA, FL 33609 TAMPA, FL 336091850 US

FEI Number: 59-3555525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARP, WILLIAM M SR.
4890 W. KENNEDY BLVD.
SUITE 900
SUITE 900
SHARP, WILLIAM M SR.
4890 W. KENNEDY BLVD.
SUITE 900

TAMPA, FL 33609 US TAMPA, FL 336091850 US

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: 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: (X) Change () Addition EPSTEIN, SEYMOUR EPSTEIN, SEYMOUR DCCPS Name: Name: 22 ST. THOMAS ST., SUITE 7A 22 ST. THOMAS ST., SUITE 7A Address: Address: City-St-Zip: TORONTO, ON M5S 3E7 CA City-St-Zip: TORONTO, ON M5S 3E7 CA

Name: GRAHAM, HUGH C Name: GRAHAM, HUGH C VP

Address: 2 BLOOR ST. WEST, SUITE 2600 Address: 2 BLOOR ST. WEST, SUITE 2600 City-St-Zip: TORONTO, ON M4W 3E2 CA City-St-Zip: TORONTO, ON M4W 3E2 CA

Title: CFO () Delete Title: CFO (X) Change () Addition Name: LEVI, ODED CFO Name: LEVI, ODED CFO

Address: 2 BLOOR ST. WEST. SUITE 2600 Address: 36 BRYANT ST

City-St-Zip: TORONTO, ON M4W 3E2 CA City-St-Zip: TORONTO, ON M3H 5A1 CA

Title: VC () Delete Title: () Change () Addition

 Name:
 EPSTEIN, GLORIA J V-CHAIR
 Name:

 Address:
 22 ST. THOMAS ST., SUITE 7A
 Address:

 City-St-Zip:
 TORONTO, ON M5S 3E7 CA
 City-St-Zip:

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: ODED LEVI CFO 04/27/2007