2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P98000103187

Entity Name: KINGRIDGE STABLES SOUTH, INC.

Current Principal Place of Business:

4890 W. KENNEDY BLVD.
SUITE 900
TAMPA, FL 336091850 US

New Principal Place of Business:

Current Mailing Address:

4890 W. KENNEDY BLVD.
SUITE 900
TAMPA, FL 336091850 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHARP, WILLIAM M SR.
4890 W. KENNEDY BLVD.
SUITE 900
TAMPA, FL 336091850 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: GRAHAM, HUGH C VP
Address: 2 BLOOR ST. WEST, SUITE 2600
City-St-Zip: TORONTO, ON M4W 3E2 CA

Title: CFO ( ) Delete
Name: LEVI, ODED CFO
Address: 36 BRYANT ST
City-St-Zip: TORONTO, ON M3H 5A1 CA

Title: VC ( ) Delete
Name: EPSTEIN, GLORIA J V-CHAIR
Address: 22 ST. THOMAS ST., SUITE 7A
City-St-Zip: TORONTO, ON M5S 3E7 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 02/13/2009

Electronic Signature of Signing Officer or Director — Date