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Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90014 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000005780

1. Entity Name
LEXINGTON BREEDERS & RISK MANAGEMENT CO. INC.

02062008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~835 PAINTED BUNTING LANE~~	~~835 PAINTED BUNTING LANE~~
~~VERO BEACH, FL 32963~~	~~VERO BEACH, FL 32963~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
173 SAN REMO DR	173 SAN REMO DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL	City & State: JUPITER FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 59-3558590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDA, ROSE M
~~835 PAINTED BUNTING LANE~~
~~VERO BEACH, FL 32963~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 173 SAN REMO DR.

City JUPITER FL Zip Code 33458

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 Rose M. Guida 2/15/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	F ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GUIDA, ROSE	NAME	
STREET ADDRESS	~~835 PAINTED BUNTING LN~~	STREET ADDRESS	173 SAN REMO DR
CITY-ST-ZIP	~~VERO BEACH, FL 32963~~	CITY-ST-ZIP	JUPITER FL 33458
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Rose M. Guida 2/15/08 561/691-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #