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2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P99000024855** DENNISON CUTTING HORSES, INC. Mailing Address Principal Place of Business 19305 SUNLAKE BLVD 19305 SUNLAKE BLVD LUTZ, FL 33558 LUTZ, FL 33558 CR2E034 (10/03) 04212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3565706 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DENNISON, LARRY 19305 SUNLAKE BLVD LUTZ, FL 33558 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, typed or printed name of registered agent and tiffs if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DENNISON, LARRY STREET ADDRESS 19305 SUNLAKE BLVD LUTZ, FL 33558 CITY-ST-7IP U00000349522 05/02/05-80068-018 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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