2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P99000090796

Entity Name: IRONHORSE MANAGEMENT, INC.

Current Principal Place of Business:

11480 WHISTLERS COVE
UNIT 711
NAPLES, FL 34113

New Principal Place of Business:

4471 30TH PL SW
NAPLES, FL 34116

Current Mailing Address:

P.O. BOX 11175
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0987126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLIARD, JULIE M
11480 WHISTLERS COVE, UNIT 711
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

HILLIARD, JULIE M
4471 30TH PL SW
NAPLES, FL 34116 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TCFO ( ) Delete
Name: HILLIARD, JOHN
Address: 8400-802 HICKORY ST.
City-St-Zip: FRISCO, TX 75034

Title: PD ( ) Delete
Name: HILLIARD, JULIE M
Address: 11480 WHISTLERS COVE UN#711
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete
Name: HILLIARD, KRISTINA
Address: 8400-802 HICKORY ST.
City-St-Zip: FRISCO, TX 75034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: HILLIARD, JULIE M
Address: 4471 30TH PL SW
City-St-Zip: NAPLES, FL 34116

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN HILLIARD TCFO 04/29/2005
Electronic Signature of Signing Officer or Director — Date