

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61727

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** BLACKHORSE SERVICES CORP.

**Current Principal Place of Business:**

3070 N.E. 12TH TERRACE  
OAKLAND PARK, FL 333344403

**New Principal Place of Business:**

2300 NE 33 RD AVENUE  
UNIT #803  
FT LAUDERDALE, FL 33305 US

**Current Mailing Address:**

2300 NE 33 RD AVENUE  
UNIT 803  
FT LAUDERDALE, FL 33305 US

**New Mailing Address:**

**FEI Number:** 65-0267891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KNIGHT, SCOTT P.  
2300 NE 33 RD AVENUE  
UNIT 803  
FT LAUDERDALE, FL 33305 US

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

KNIGHT, SCOTT P MR  
2300 NE 33 RD AVENUE  
UNIT 803  
FT LAUDERDALE, FL 33305 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: SCOTT P.KNIGHT

04/23/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KNIGHT, BRENDA J MRS  
Address: 2300 NE 33 RD AVENUE, UNIT 803  
City-St-Zip: FT LAUDERDALE, FL 33305 US

Title: P ( ) Delete  
Name: KNIGHT, SCOTT P MR  
Address: 2300 NE 33 RD AVENUE, UNIT 803  
City-St-Zip: FT LAUDERDALE, FL 33305 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SCOTT P. KNIGHT

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date