

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61716

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** AA - D HORSE ADVENTURES, INC.

**Current Principal Place of Business:**

11915 SW 185 TERRACE  
MIAMI, FL 33177

**New Principal Place of Business:**

3749 W CITRUS TRACE  
DAVIE, FL 33328

**Current Mailing Address:**

PO BOX 562662  
MIAMI, FL 332562662

**New Mailing Address:**

3749 W CITRUS TRACE  
DAVIE, FL 33328

**FEI Number:** 65-0392983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASTINGS,, ANN  
11915 SW 185 TERRACE  
MIAMI, FL 33177 US

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

HASTINGS,, ANN  
3749 W CITRUS TRACE  
DAVIE, FL 33328 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HASTINGS, ANN  
Address: 3749 W CITRUS TRACE  
City-St-Zip: DAVIE, FL 33328

Title: SD  
Name: EATON, DON  
Address: 3749 W CITRUS TRACE  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: ANN HASTINGS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/29/2011

\_\_\_\_\_  
Date