


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000534
 1. Entity Name
 ARTHUR A. HORTON INC.



Principal Place of Business: 97 RIVER ROAD, CANTON, CT 06019
 Mailing Address: 97 RIVER ROAD, CANTON, CT 06019

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number: 06-0968190 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HORTON, BARBARA A
 2112 SPRINGWATER LANE
 PORT ORANGE, FL 32128

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000803487
 02/05/08-80028-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | HORTON, ARTHUR A |
| STREET ADDRESS | 2112 SPINGWATER LANE |
| CITY-ST-ZIP | PORT ORANGE, FL 321287210 |
| TITLE | VP |
| NAME | HORTON, WARREN A |
| STREET ADDRESS | 9 FOX CROFT LANE |
| CITY-ST-ZIP | CANTON, CT 06019 |
| TITLE | ST |
| NAME | HORTON, BARBARA |
| STREET ADDRESS | 2112 SPRINGWATER LANE |
| CITY-ST-ZIP | PORT ORANGE, FL 32128 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  DATE: 1/16/08 DAYTIME PHONE #: 860-693-6388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR