

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003452

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIROS NEW HORIZONS, INC.

Current Principal Place of Business:

12739 SERENADE CIRCLE N
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12739 SERENADE CIRCLE N
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-8802496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH-MOBLEY, CYCLYN R
12739 SERENADE CIRCLE N
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH-MOBLEY, CYOLYN R
Address: 12739 SERENADE CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32225

Title: DVPT () Delete
Name: STRACHAN, IDELL A
Address: 12739 SERENADE CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CLOTILDA, CHARLES
Address: 2162 YULEE STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDELL A. STRACHAN

Electronic Signature of Signing Officer or Director

VT

04/30/2009

Date