

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90167 028 ***150.00

DOCUMENT # P02000088029			
1. Entity Name CREATIVE HORIZON, INC			
Principal Place of Business 604 N.E. 9TH AVENUE APT 3 FT LAUDERDALE, FL 33304 US		Mailing Address 604 N.E. 9TH AVENUE APT 3 FT LAUDERDALE, FL 33304 US	
2. Principal Place of Business 3255 Lake Shore Drive		3. Mailing Address 3255 Lake Shore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442	Country USA	Zip 33442	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRKPATRICK, ALANNA S 604 N.E. 9TH AVENUE APT 3 FT LAUDERDALE, FL 33304		Name Street Address (P.O. Box Number is Not Acceptable) 3255 Lake Shore Drive City Deerfield Beach FL Zip Code 33442	
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: <i>Alanna Kirkpatrick</i>		DATE: 4/20/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, JAMES R III 604 N.E. 9TH AVENUE, APT 3 FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3255 Lake Shore Drive Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKPATRICK, ALANNA 604 N.E. 9TH AVENUE, APT 3 FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3255 Lake Shore Drive Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALUZKA, DAWN ONE LAS CIRCLE, APT 807 FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9561 MAJESTIC Way Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: 4/20/06 Daytime Phone #: 954-336-6710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	