
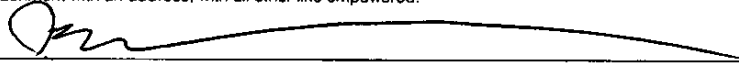


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 039 ***150.00

DOCUMENT # P02000088029				
1. Entity Name CREATIVE HORIZON, INC.				
Principal Place of Business 3255 LAKE SHORE DRIVE DEERFIELD BEACH, FL 33442 US		Mailing Address 3255 LAKE SHORE DRIVE DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent KIRKPATRICK, ALANNA S 3255 LAKE SHORE DRIVE DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
				Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, JAMES R III	NAME	KIRKPATRICK III, JAMES R	
STREET ADDRESS	3255 LAKE SHORE DRIVE	STREET ADDRESS	3255 LAKE SHORE DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, ALANNA	NAME		
STREET ADDRESS	3255 LAKE SHORE DRIVE	STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP		
TITLE	GD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, DAZY C	NAME		
STREET ADDRESS	3255 LAKESHORE DRIVE	STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 4/21/08 954.336.6710		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

40000000



04212008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3696128 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required