
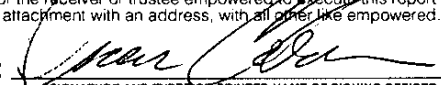


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90070 010 \*\*\*150.00

<b>DOCUMENT # P06000099520</b> 1. Entity Name <b>UNITED NEW HORIZON CORP.</b>					
Principal Place of Business <b>777 NW 155 LN PH 20 MIAMI, FL 33169</b>			Mailing Address <b>777 NW 155 LN PH 20 MIAMI, FL 33169</b>		
2. Principal Place of Business - No P.O. Box # <b>2075 NE 164 ST # 916</b>		3. Mailing Address <b>2075 NE 164 ST</b>			
Suite, Apt. #, etc. <b>916</b>		Suite, Apt. #, etc. <b>916</b>			
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>			
Zip <b>33162</b>		Country <b>USA</b>		Zip <b>33162</b>	
Country <b>USA</b>		4. FEI Number <b>20-5325755</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COLOM, OSCAR L 777 NW 155 LN PH 20 MIAMI, FL 33169</b>				7. Name and Address of New Registered Agent Name <b>COLOM, OSCAR L</b> Street Address (P.O. Box Number is Not Acceptable) <b>2075 NE 164 ST # 916</b> City <b>NORTH MIAMI BEACH</b> <b>FL</b> Zip Code <b>33162</b>	
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 re-stating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT COLOM, OSCAR L 777 NW 155 LN PH 20 MIAMI, FL 33169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT COLOM, OSCAR L. 2075 NE 164 ST APT #916 NORTH MIAMI BEACH, FL 33162</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS KANASHIRO, NANCY C 777 NW 155 LN PH 20 MIAMI, FL 33169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS COLOM, NANCY C. 2075 NE 164 ST APT #916 NORTH MIAMI BEACH, FL 33162</b> <input checked="" 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	
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.					
<b>SIGNATURE:</b> 			<b>4/28/07 305-688-2934</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					