


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 576497
 1. Entity Name
HORNERXPRESS WORLDWIDE, INC.



Principal Place of Business
**5755 POWERLINE ROAD
 FORT LAUDERDALE, FL 33309**

Mailing Address
**5755 POWERLINE ROAD
 FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1829127 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KENT, WILLIAM A.
 5755 POWERLINE ROAD
 FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENT, WILLIAM A.
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWELINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

110000389009
 01/20/06-80029-003 150.00

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: *Craig Bolenbaugh* **CRAIG BOLENBAUGH** 1/6/06 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #