


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 576497</b> 1. Entity Name HORNERXPRESS WORLDWIDE, INC.	
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Principal Place of Business 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	Mailing Address 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1829127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  KENT, WILLIAM A. 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENT, WILLIAM A. 5755 POWERLINE ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHISLING, GARY 5755 POWERLINE RD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLENBAUGH, CRAIG 5755 POWELINE RD FORT LAUDERDALE, FL 33309
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01/23/07-80020-019 150.00

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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** 1/4/07 954-772-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #