


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 768196</b> 1. Entity Name <b>NEW HORIZONS FOUNDATION, INC.</b>	
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Principal Place of Business <b>C/O BENNETT BOVARNICK P.O. BOX 811359 BOCA RATON FL 33481-1359</b>	Mailing Address <b>C/O BENNETT BOVARNICK P.O. BOX 811359 BOCA RATON FL 33481-1359</b>
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip      Country	Zip      Country

4. FEI Number <b>59-2358447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BENNETT, BOVARNICK 3945 NW 27 AVE. BOCA RATON FL 33434</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> Delete <b>MASTIN, DEBORAH B.</b> STREET ADDRESS: <b>111 NW 1ST ST #2810</b> CITY - ST - ZIP: <b>MIAMI FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete <b>SAUNDERS, MARCIA</b> STREET ADDRESS: <b>111 N.W. 1ST ST. #2720</b> CITY - ST - ZIP: <b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>PRICE-WILLIAMS, ABIGAIL</b> STREET ADDRESS: <b>111 N.W. 1ST ST. #2810</b> CITY - ST - ZIP: <b>MIAMI FL</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         U00000318774                          04/20/05-80071-023 70.00                     </div>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Bennett Bovarnick, Ass't Treasurer      4/16/2005      561-997-6859

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