2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768196

FILED Jan 06, 2009 Secretary of State

Entity Name: NEW HORIZONS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3945 NW 27 AVE 3945 NW 27 AVE

BOCA RATON, FL 33434 BOCA RATON, FL 334344436

Current Mailing Address: New Mailing Address:

3945 NW 27 AVE 3945 NW 27 AVE

BOCA RATON, FL 33434 BOCA RATON, FL 334344436

FEI Number: 59-2358447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENNETT, BOVARNICK BOVARNICK, BENNETT 3945 NW 27 AVE. 3945 NW 27 AVE.

BOCA RATON, FL 33434 US BOCA RATON, FL 334344436 US

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.

SIGNATURE: BENNETT BOVARNICK 01/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 MASTIN, DEBORAH B.,
 Name:

 Address:
 111 NW 1ST ST #2810
 Address:

 Address:
 111 NW 1ST ST #2810
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 SAUNDERS, MARCIA,
 Name:

 Address:
 520 NE 93RD ST
 Address:

 City-St-Zip:
 MIAMI SHORES, FL 33138
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 PRICE-WILLIAMS, ABIG, AIL
 Name:

 Address:
 111 N.W. 1ST ST. #2810
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNETT BOVARNICK AT 01/06/2009