

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001326

FILED  
May 11, 2009  
Secretary of State

**Entity Name:** NEW HORIZONS COMMUNICATIONS CORP.

**Current Principal Place of Business:**

420 BEDFORD STREET  
STE. 250  
LEXINGTON, MA 02420

**New Principal Place of Business:**

**Current Mailing Address:**

420 BEDFORD STREET  
STE. 250  
LEXINGTON, MA 02420

**New Mailing Address:**

**FEI Number:** 14-1851429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: FABBRICATORE, ROBERT  
Address: 420 BLVD. STREET, STE. 250  
City-St-Zip: LEXINGTON, MA 02420

Title: VP/D ( ) Delete  
Name: NELSON, GLENN  
Address: 420 BEDFORD STE. 250  
City-St-Zip: LEXINGTON, MA 02420

Title: P/D ( ) Delete  
Name: GIBBS, STEPHEN  
Address: 420 BEDFORD STREET, STE. 250  
City-St-Zip: LEXINGTON, MA 02420

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GLEN E. NELSON

VP

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date