2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001518

Entity Name: HORIZON DIRECT, INC.

Address:

City-St-Zip:

850 HAMPSHIRE ROAD, SUITE S

WESTLAKE VILLAGE, CA 91361

FILED Apr 28, 2005 Secretary of State

_many man		TV BIRCEOT, IIVO.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
850 HAMPSHIRE ROAD, SUITE S WESTLAKE VILLAGE, CA 91361			SUITE S	850 HAMPSHIRE ROAD, SUITE S WESTLAKE VILLAGE, CA 91361	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
850 HAMPSHIRE ROAD, SUITE S WESTLAKE VILLAGE, CA 91361			850 HAMPSHIRE ROAD, SUITE S WESTLAKE VILLAGE, CA 91361		
FEI Number:	: 77-0469586	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1000 WES MIAMI BEA The above	ST AVENUE SI ACH, FL 3313	9 US	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DAVIMOS, JÕI 850 HAMPSHII) Delete IN RE ROAD, SUITE S LLAGE, CA 91361	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SORENSON, C 850 HAMPSHII) Delete CODY RE ROAD, SUITE S LLAGE, CA 91361	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	SD (VAN DUECK, F) Delete RANDY	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: CODY SORENSON DVT 04/28/2005