2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001735

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

| Entity Nar | ne: HORIZC | N RETAIL CONSTRUCTION | I, INC. | | | | |
|---|--|---------------------------------|---|--|--|-------------|--|
| Current Principal Place of Business: | | | New Prin | New Principal Place of Business: | | | |
| 1458 HOR RACINE, V | IZON BLVD VI 53406 | | | | | | |
| Current Mailing Address: | | | New Mai | New Mailing Address: | | | |
| 1458 HOR RACINE, V | IZON BLVD VI 53406 | | | | | | |
| FEI Number: | : 39-1753492 | FEI Number Applied For() | FEI Number Not Ap | plicable () | Certificate of Status Desi | red () | |
| Name and | Address of | Current Registered Agent: | Name an | Name and Address of New Registered Agent: | | | |
| 1200 S. PII PLANTATI The above | e of Florida. | RD. | e purpose of changing | ı its registered | d office or registered agen | t, or both, | |
| | Electro | nic Signature of Registered A | Agent | | Date | | |
| Election Car | npaign Financii | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | VSD (HENDERSEN, 1826 CRESTV CALEDONIA, | VOOD DR. | Title: Name: Address: City-St-Zip: | SD HENDERSEI 1826 CRES [*] CALEDONIA | TWOOD DR. | | |
| Title: Name: Address: City-St-Zip: | CHRISTENSE 9001 LAKESH | · · | Title: Name: Address: City-St-Zip: | 9001 LAKES | (X) Change () Addition EN, PATRICK J SHORE DRIVE PRAIRIE, WI 53158 | | |
| Title: Name: Address: | (|) Delete | Title: Name: Address: | VD SIUDAK, DA 6541 HILLW | | | |

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

RACINE, WI 53403

1427 CLEVELAND RACINE, WI 53405

SCHAEFER, THOMAS J

() Change (X) Addition

TD

SIGNATURE: PATRICK J. CHRISTENSEN PD 04/27/2007