

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19333

FILED
Apr 22, 2005
Secretary of State

Entity Name: HOROWITZ AND KNOCH CPAS, P.A.

Current Principal Place of Business:

481 EAST HILLSBORO BLVD.
SUITE 100A
DEERFIELD BCH., FL 33441

New Principal Place of Business:

Current Mailing Address:

481 EAST HILLSBORO BLVD.
SUITE 100A
DEERFIELD BCH., FL 33441

New Mailing Address:

FEI Number: 59-2247500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, GARY I
481 E HILLSBORO BLVD
STE 100A
DEERFIELD BCH., FL 33441 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: PD () Delete
Name: HOROWITZ, GARY I.,
Address: 481 E HILLSBORO BLV DSTE 100A
City-St-Zip: DEERFIELD BCH., FL 33441

Title: VD () Delete
Name: KNOCH, KIM,
Address: 481 E HILLSBORO BLVD STE 100A
City-St-Zip: DEERFIELD BCH., FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: GARY I HOROWITZ

PRES

04/22/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date