

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 15, 2005
Secretary of State**

DOCUMENT# G44291

Entity Name: HORTEX, INC.

Current Principal Place of Business:

26715 S.W. 203RD AVE.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

26715 S.W. 203RD AVE.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 59-2298774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WYSS, R.E.
26715 S.W. 203 AVE.
HOMESTEAD, FL 33031 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYSS,R.E.,
Address: 26715 S.W. 203 AVE.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: WYSS A.J.,
Address: 26715 SW 203 AVE
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: WYSS N.G.,
Address: 26715 SW 203 AVE.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: WYSS NM,
Address: 26715 SW 203 AVE.
City-St-Zip: HOMESTEAD, FL

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:

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: WYSS, A. J

D

08/15/2005

Electronic Signature of Signing Officer or Director

_____ Date