## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2006 08:00 A Secretary of State

AIIIOAZ IIZ. OII.							
DOCUMENT # G6  1. Entity Name NEW HORIZONS TRAVE							
Principal Place of Business 722 S ATLANTIC AVE ORMOND BEACH, FL 32176	Mailing Address 722 S ATLANTIC AVE ORMOND BEACH, FL 32176	US					



## DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2338402 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

3-16-06 386-67 Dayline Phone 8

6. Name and Address of Current Registered Agent

KULZER, JAMES F. 325 RIVERSIDE DRIVE ORMOND BEACH, FL 32176

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refusating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.		cing 🔲	\$5.00 May Be Added to Fees	U00000476378 04/06/06-80033-006 150.00			
10.	OFFICERS AND DIREC	CTOR\$		<u></u>			
THLE NAME STREET ADORESS CITY-ST-ZIP	PD KULZER, JAMES F. 325 RIVERSIDE DR. ORMOND BEACH, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULZER, SALLY 325 RIVERSIDE DR. ORMOND BEACH, FL				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, DOROTHY P. 190 GROVE ST ORMOND BCH., FL		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS C)TY-ST-ZIP		•					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trueffe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							

E OF SIDNING OFFICER OR DIRECTOR