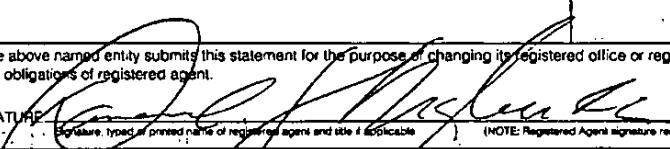
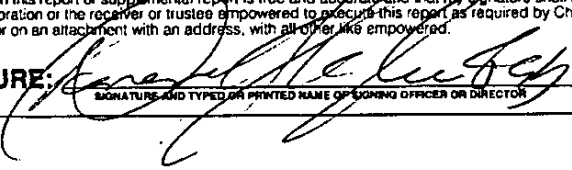


FILED
Apr 08, 2005 8:00 am
Secretary of State

03-02-2005 90082 020 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H20195 1. Entity Name WIDER HORIZONS SCHOOL INC.		
Principal Place of Business 4060 CASTLE AVE SPRING HILL, FL 34609	Mailing Address 4060 CASTLE AVENUE SPRING HILL, FL 34609	66009073 
DO NOT WRITE IN THIS SPACE		02172005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2328051 Applied For ☒ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MAGLIO, DOMENICK J. 13505 SIMMONS LAKE RD BROOKSVILLE, FL 33512		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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MAGLIO, DOMENICK J. 13505 SIMMONS LAKE RD BROOKSVILLE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD MAGLIO, JULIE T. 13505 SIMMONS LAKE RD BROOKSVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/5/05 Daytime Phone: _____