2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H26702

1. Entity Name

HORIZONS UNLIMITED TOURS, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Daytime Phone 4

Principal Place of Business

107 W. RIVO ALTO DRIVE MIAMI BEACH, FL 33139 Mailing Address

107 W. RIVO ALTO DRIVE MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04262008 No Chg-P Applied For

59-2461690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

WALSH, HANA 107 W. RIVO ALTO DRIVE MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

4. FEI Number

	named entity submits this statement for the pations of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE; R	legistered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	Haddooooc	
10.	OFFICERS AND DIREC	TORS			05/22/08-80075-006	150 00
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NAME STREET ADDRESS CITY-ST-ZIP	The second secon			Artinario	e e e e e e e e e e e e e e e e e e e	
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 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						