## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90438 035 \*\*\*150.00

1. Entity Nam HORIZON	ne	# JUUT37 RTS, INC.				ų.v.	,~				
Principal Plac		s	Mailing Address			] 40					
3509 S. ATLANTIC AVE. 3509 S. ATLANTIC AVE.											
NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32					69 US						
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02232006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Number 59-2660	914			oplied For ot Applicable	
Zip	Zip Country		Zip Country		try	5. Certificate of	f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent	1		7. Name and A	ddress of New R	egistered A	gent		
RUTA, T F	2				Name						
3509 S. ATLANTIC <sup>©</sup> AVE., <del>3UITE 400-B</del> NEW SMYRNA BEACH, FL 32169					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			E		City				Zip Cod		
		•	** ** '		! '			FL			
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 reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
After Ma	ay 1, 200	6 Fee will be \$550.	OO Trust Fund Con	tribution.		ded to Fees					
After Ma	ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	DIRECTORS	tribution.	Add	ded to Fees ADDITIONS/C	HANGES TO OFFI				
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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 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

4-21-06

386-428-9003

Date

Daytime Phone #