

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000677

FILED
Apr 24, 2007
Secretary of State

Entity Name: NEW HORIZONS GROUP, LLC

Current Principal Place of Business:

301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 US

Current Mailing Address:

301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 US

New Principal Place of Business:

6321 PORTER RD
STE 10
SARASOTA, FL 34240 US

New Mailing Address:

6321 PORTER RD
STE 10
SARASOTA, FL 34240 US

FEI Number: 03-0434293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLES, DERICK M
301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

COLES, DERICK M
6321 PORTER RD
STE 10
SARASOTA, FL 34240 US

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: DERICK M. COLES

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLES, DERICK M
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLES, DERICK M
Address: 6321 PORTER RD STE 10
City-St-Zip: SARASOTA, FL 34240 US

Title: M () Change (X) Addition
Name: FRENCH, ELAINE
Address: 6321 PORTER RD STE 10
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DERICK M. COLES

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date