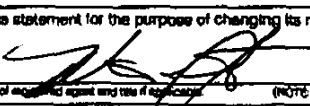
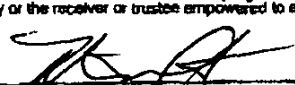


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NU LOOK,

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 19, 2006 8:00 am
Secretary of State03-03-2006 90005 009 ****50.00
07-19-2006 90093 042 ****50.00

DOCUMENT # L05000042505					
1. Entity Name NEW HORIZON KENNEL LLC					
Principal Place of Business 1251 N. DIXIE HWY. BAY #12 POMPANO BEACH, FL 33061			Mailing Address P.O. BOX 1629 POMPANO BEACH, FL 33061		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-4536280				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent LIBOW, ALLEN H 3351 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name MELVIN DRAYTON Street Address (P.O. Box Number is Not Acceptable) 4195 N.W. 67 WAY City CORAL SPRINGS FL Zip Code 33067		
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  DATE 7/13/06					
Filing Fee is \$50.00 Due by September 8, 2006		State check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAYTON, MELVIN 1251 N. DIXIE HWY., BAY #12 POMPANO BEACH, FL 33061 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my 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 605, Florida Statutes.					
SIGNATURE: 			Date 7/13/06 (954) 785-4215		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		