Jun 21 2007 11:18AM HP LASERJET FAX

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Jul 09, 2007 8:00 am
Secretary of State

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05-24-2007 90406 026 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000031908

1. Entity Name
NEW HORIZONS PROJECT MANAGEMENT, LLC

30011594

Principal Place of Business	Mailing Address
844 OLD BRIDGE CIRCLE DAVENPORT, FL 33897	844 OLD BRIDGE CIRCLE DAVENPORT, FL 33897
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05012007 Chg-LLC CR2E063 (12/06)

4. FEI Number 20-4728365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEL-GIUDICE, JOHN 844 OLD BRIDGE CIRCLE DAVENPORT, FL 33897	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL-GIUDICE, JOHN 844 OLD BRIDGE CIRCLE DAVENPORT, FL 33897	☐ 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 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LarsonAllen LLP
CPAs, Consultants & Advisors
www.larsonallen.com

215 Celebration Place, Suite 170
Celebration, FL 34747-5405
321-939-0915, Fax 321-939-0918

ATTACHMENT
30011594

July 3, 2007

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: New Horizons Project Management, LLC
844 Old Bridge Circle
Davenport, FL 33897
Reference Number: L06000031908
EIN: 20-4728365

Dear Sir or Madam:

On behalf of the above referenced taxpayer, we are writing in response to your notice dated June 2, 2007 (copy enclosed). The notice dated June 2, 2007 indicates that the taxpayer's 2007 Annual Report had not been processed due to block 4 not being complete.

Please find enclosed the completed 2007 Limited Liability Company Annual Report with Block 4 completed with the taxpayer's FEI number. We request that you please file the attached completed report.

Thank you for your time and consideration in this matter. If you have any questions, please do not hesitate to contact us.

Yours very truly,

Maria A. Thomas

Maria A. Thomas

cc: New Horizons Project Management, LLC

MAT:lp