2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91831

1. Entity Name

INTERNATIONAL HORIZON REALTY, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

7800 WEST OAKLAND PARK BLVD.

BUILDING "G"

SUNRISE, FL 33351-6741

Mailing Address

7800 WEST OAKLAND PARK BLVD.

BUILDING "G"

SUNRISE, FL 33351-6741



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04032000 140 Chg-1	01422004 (17/00)			
4. FEI Number		Applied For		
65-0212084		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN 7800 WEST OAKLAND PARK BLVD. BUILDING "G" SUNRISE, FL 33321 DO NOT WRITE IN THIS SPACE

		j.			
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, 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, Registored	Agent signatur	a required when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution,	ing :	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			k
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPIERRE, REJEAN 7800 W. OAKLAND PK BLVD SUNRISE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPIERRE, REJEAN 7800 W. OAKLAND PK BLVD SUNRISE, FL				U00000540815 05/10/06-80032-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling does not adalify 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 dusted 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APIZATE 4/2/06

954-749-880