

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000001416		
1. Entity Name NEW HORIZONS ENERGY, L.L.C.		
Principal Place of Business 207 LA VISTA DRIVE NASHVILLE, TN 37215	Mailing Address P.O. BOX 24190 GALLOWS BAY, ST. CROIX U.S. VIRGIN ISLANDS 00824,	<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">07 MAR 27 PM 2:21</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: left; margin-top: 10px;"></div>
<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		01222007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 76-0545168
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
		Applied For <input type="checkbox"/> Not Applicable
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  Amanda Haddan as its agent		DATE <u>March 27, 2007</u>
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	<div style="font-size: 1.5em; font-weight: bold;">400094851414</div>
NAME	166 RESEARCH, INC.	
STREET ADDRESS	207 LA VISTA DRIVE	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		
NAME		
STREET ADDRESS		<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 606, Florida Statutes.		
SIGNATURE:  President		1/20/07 405-292-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



CORPORATION SERVICE COMPANY

MO3000001416

ACCOUNT NO. : 072100000032

REFERENCE : 821878 7455691

AUTHORIZATION

[Signature]

COST LIMIT : \$ 50.00

ORDER DATE : March 27, 2007

ORDER TIME : 9:18 AM

ORDER NO. : 821878-005

CUSTOMER NO: 7455691

[Signature]

ANNUAL REPORT FILING

NAME: NEW HORIZONS ENERGY, L.L.C.

FILED
07 MAR 27 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____