2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# M17397

Entity Name: HORT. ENTERPRISES, INC.

Current Principal Place of Business:

1000 W MCNAB RD
110
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2448
POMPANO BEACH, FL 33061 US

New Mailing Address:

FEI Number: 59-2548345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSOLI, SAMUEL J.
1000 W. MCNAB RD
110
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONSOLI, SAMUEL JOHN,
Address: 1000 W MCNAB RD 110
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete
Name: CANTIALD, ANNETTE
Address: 35 STUMPF AVE
City-St-Zip: THOMASTON, CT 06787

Title: TD ( ) Delete
Name: CONSOLI, KATHY,
Address: 1000 W MCNAB RD 110
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: CONSOLI, DEBORAH S MRS.
Address: 500 SE 9TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL CONSOLI PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date