2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCÜMENT # M90743

Principal Place of Business

BEYOND HORIZONS, INC.

Mailing Address

18430 NW 9TH CT PEMBROKE PINES, FL 33029 18430 NW 9TH CT

PEMBROKE PINES, FL 33029

FILED Mar 31, 2004 08:00 AM Secretary of State



03292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0083709

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENDZIOR, DONALD J 18430 NW 9TH CT PEMBROKE PINES, FL 33029

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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				
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		S. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		U00000099824 03/31/04-20021-003 150.00
10. OFFICERS AND DIE	RECTORS	1	, hy	
TITLE DPST NAME KENDZIOR, DONALD J. STREET ADDRESS 18430 NW 9 CT PEMBROKE PINES, FL 33029			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZP				
TITLE NAME STREET ADDRESS GNY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				 <u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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: 10/1