



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 044 \*\*\*150.00

<b>DOCUMENT # M90743</b> 1. Entity Name <b>BEYOND HORIZONS, INC.</b>			
Principal Place of Business <b>3921 SW 160TH AVE. #303 MIRAMAR, FL 33027</b>		Mailing Address <b>3921 SW 160TH AVE. #303 MIRAMAR, FL 33027</b>	
2. Principal Place of Business <b>2207 42nd St. West</b> Suite, Apt. #, etc.		3. Mailing Address <b>2207 42nd St W</b> Suite, Apt. #, etc.	
City & State <b>Bradenton FL</b> Zip <b>34205</b> Country <b>US</b>		City & State <b>Bradenton FL</b> Zip <b>34205</b> Country <b>US</b>	
4. FEI Number <b>65-0083709</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KENDZIOR, DONALD J 3921 SW 160TH AVE. #303 MIRAMAR, FL 33027</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2207 42nd St West</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34205</b>	
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  DATE <b>1/30/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST. <b>KENDZIOR, DONALD J. 3921 SW 160TH AVE. #303 MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2207 42nd St. W. Bradenton FL 34205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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: 