N02000007337

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e#)
	WAIT	MAIL
(D)		
	siness Entity Nan	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



04/20/05--01024--020 **35.00

DIVISION OF CORPORATION

2005 APR 20 PM 2: 5:

Old ræseg.

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: New Horizous Children Foundation, Inc.
DOCUMENT NUMBER: NO200007337
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Claudia Luedeking (Name of Person)
New Horizons Children Foundation (Name of Firm/Company)
P.O. Box 960549 (Address)
Hiami, FL 33296-0549 (City/State and Zip Code)
For further information concerning this matter, please call:
laudia Luedeking at (305) 310 - 4289 (Name of Person) at (305) 310 - 4289 (Area Code & Daytime Telephone Number)
Entered is a shoot for \$25.00 meds novable to the Election Description of Class.

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

DIVISION OF CORPORATIONS
2005 APR 20 PM 2: 5.3

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Ornell	a Ce	rulli	, h	ereby resign as	PCEO	(Preside	ut`
of_	New	HORIZ			1 Found			_,
			•	.orporation)				
$\overline{\mathcal{N}}$	020000			a corporatio	on organized u	nder the laws o	f the State of	
	Flori	Number, if know da		•	•			
							, .	
			_				•	
				Mari	Parison			

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314