


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90148 025 \*\*\*\*70.00

<b>DOCUMENT # N03000001349</b> 1. Entity Name <b>FAR BEYOND THE HORIZON ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>7953 SW 6TH STREET NORTH LAUDERDALE FL 33068</b>				Mailing Address <b>7953 SW 6TH STREET NORTH LAUDERDALE FL 33068</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0498286</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTIN, SHIRLEY 7953 SW 6TH STREET NORTH LAUDERDALE FL 33068</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SHIRLEY			NAME	
STREET ADDRESS	7953 SW 6TH STREET			STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, MELVIN			NAME	
STREET ADDRESS	PO BOX 571129			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33257			CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOW, RICHARD			NAME	
STREET ADDRESS	217 SOUTH WEST 3RD AVENUE			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33344			CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, TALMADGE			NAME	
STREET ADDRESS	3280 NW 18TH STREET			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SAMANTHA			NAME	
STREET ADDRESS	3940 NW 31ST TERRACE			STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RENEE			NAME	
STREET ADDRESS	3280 NW 18TH STREET			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:** *Shirley A. Martin* **SHIRLEY A. MARTIN**

*4/17/06* **(954) 721-0466**