2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004680

FILED Apr 19, 2007 Secretary of State

Entity Name: HORIZON CROSSROADS GROUP HOMES, INC.

	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
	COLONIAL DR D, FL 32804	IVE			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	COLONIAL DR D, FL 32804	IVE			
El Number	: 30-0360803	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:	
1337 W. Č	SHANNON K COLONIAL DR D, FL 32804				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Aç	gent	Date	
FFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
itle: lame: lddress: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	() Change () Addition	
	CEO () Delete	Title:	() Change () Addition	
Title: Jame: Address: Dity-St-Zip:			Name: Address: City-St-Zip:		
lame: \ddress:	TURNER, SHA 1337 W. COLC ORLANDO, FL DVP (SMITH-MOBLE	ONIAL DRIVE . 32804) Delete EY, CYCLYN R ADE CIRCLE NORTH	Address:	()Change()Addition	
lame: Address: City-St-Zip: Title: Jame: Address:	TURNER, SHA 1337 W. COLC ORLANDO, FL DVP (SMITH-MOBLE 12739 SEREN JACKSONVILL	DNIAL DRIVE . 32804) Delete EY, CYCLYN R ADE CIRCLE NORTH .E, FL 32225) Delete RRAINE J DNIAL DRIVE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
lame: .ddress: .ity-St-Zip: .itle: .lame: .ddress: .ity-St-Zip: .itle: .lame: .ddress:	TURNER, SHA 1337 W. COLC ORLANDO, FL DVP (SMITH-MOBLE 12739 SEREN JACKSONVILL DT (PARANTE, LO 1337 W. COLC ORLANDO, FL	DNIAL DRIVE . 32804) Delete EY, CYCLYN R ADE CIRCLE NORTH .E, FL 32225) Delete RRAINE J DNIAL DRIVE . 32804) Delete ANDA JEAN DNIAL DRIVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON KEITH TURNER OWNE 04/19/2007