


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006461
 1. Entity Name
NEW HORIZON COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business Mailing Address
1518 NW 17TH AVE. **4752 NW 6TH PLACE**
POMPANO BEACH, FL 33069 US **COCONUT CREEK, FL 33063 US**



01132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
65-0886060 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHOWERS, RAYFIELD
4752 NW 6 PLACE
COCONUT CREEK, FL 33063

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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 *Rayfield Showers* DATE 1/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEATH, WILLIE RUTH
STREET ADDRESS	1651 NW 6TH AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	FSM
NAME	SHOWERS, BESSIE
STREET ADDRESS	4752 NW 6TH PL
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	SHOWERS, BESSIE
STREET ADDRESS	4752 NW 6TH PLACE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	D
NAME	GRANISON, APRYL
STREET ADDRESS	6356 WILLOWBAY CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	S
NAME	GRANISON, APRIL
STREET ADDRESS	6356 WILLOWBAY CIR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	T
NAME	SCOTT, THERESA
STREET ADDRESS	1684 NE 17TH AVE #1
CITY-ST-ZIP	POMPANO BEACH, FL 33069

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 02/10/06-80034-014 70.00

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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 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: *Rayfield Showers* Date (954) 984-5987 Daytime Phone # 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR