


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 034 ****70.00

DOCUMENT # N97000006461

1. Entity Name
NEW HORIZON COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business 1518 NW 17TH AVE. POMPANO BEACH, FL 33069 US	Mailing Address 4752 NW 6TH PLACE COCONUT CREEK, FL 33063 US
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DO NOT WRITE IN THIS SPACE

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01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0886060	Applied For <input type="checkbox"/> Not Applicable
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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 1/15/07

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, 2007**

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

10. OFFICERS AND DIRECTORS

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

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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 1/15/07 DAYTIME PHONE # (954) 984-5987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR