

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003230

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** HORIZON MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

4699 NORTH STATE RD 7  
L4 & L5  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

5489 WILES RD  
#302  
COCONUT CREEK, FL 33073 US

**Current Mailing Address:**

4699 NORTH STATE RD 7  
L4 & L5  
TAMARAC, FL 33319 US

**New Mailing Address:**

5489 WILES RD  
#302  
COCONUT CREEK, FL 33073 US

**FEI Number:** 65-0974153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDOWELL, KIRK  
5740 ROCK ISLAND RD  
APT 288  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MCDOWELL, KIRK  
Address: 5740 ROCK ISLAND RD APT 288  
City-St-Zip: TAMARAC, FL 33319 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIRK MCDOWELL

PTD

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date