2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2004 90312 009 ***150.00 **DOCUMENT # P00000114788** HORIZON OUTDOOR PROJECTS, INC. Principal Place of Business Mailing Address 4340 SAWYER CIRCLE, APT B 4340 SAWYER CIRCLE, APT B ST CLOUD, FL 34772 ST CLOUD, FL 34772 2. Principal Place of Business 3. Mailing Address 4162 GUANI 41045 Boggi NOST C+ Suite, Apt. #, etc. Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For St.Cloud 59-3686683 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34117 205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLUBAUGH, AARON** 4340 SAWYER CIRCLE, APT B Street Address (P.O. Box Number is Not Acceptable) ST CLOUD, FL 34772 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change Addition BLUBAUGH, AARON NAME NAME STREET ADDRESS 4102 QUAIL NEST CT. STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 34772 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

FILED