2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012504

Entity Name: BUILDING NEW HORIZONS, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3135 SR 580 SUITE 14 OLDSMAR, FL 34695 US				3135 SR 580 SUITE 14 SAFETY HARBOR, FL 34695 US			
Current Mailing Address:				New Mailing Address:			
3135 SR 5 SUITE 14 OLDSMAR	80 R, FL 34695	US		3135 SR 58 SUITE 14 SAFETY HA		. 34695	US
FEI Number:	59-3696052	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certific	ate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address o	f New Reg	gistered Agent:
KRIEGER, 1249 CLAY OLDSMAR		US					
	named entity of Florida.	submits this statement for the pur	pose o	f changing it	s registered	d office or	registered agent, or both,
SIGNATUR	RE:						
	Electron	nic Signature of Registered Agent	İ				Date
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	C (KRIEGER, SHA 1249 CLAYS T OLDSMAR, FL	RAIL		Title: Name: Address: City-St-Zip:		()Change	() Addition
Title: Name: Address: City-St-Zip:	M (KRIEGER, SHA 1249 CLAYS T OLDSMAR, FL	RAIL		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	S (KRIEGER, ASH 1249 CLAYS T OLDSMAR, FL	RAIL		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	P (KRIEGER, SHA 1249 CLAYS T OLDSMAR, FL	RAIL		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	KRIEGER, SER	LPHIA PIKE, # 309		Title: Name: Address: City-St-Zip:	V VONTROBA, 2220 ARMIT SACRAMEN	SERENITY FAGE WAY	
Title: Name: Address: City-St-Zip:	T (SWEENEY, GE 1249 CLAYS T OLDSMAR, FL	RAIL		Title: Name: Address: City-St-Zip:		() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GERALD SWEENEY T 04/28/2005