# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2007**
**Secretary of State**

DOCUMENT# P01000012504

**Entity Name:** BUILDING NEW HORIZONS, INC.

**Current Principal Place of Business:**

3135 SR 580
SUITE 14
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

3135 SR 580
SUITE 14
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number: 59-3696052** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KRIEGER, SHARON
1249 CLAYS TRAIL
OLDSMAR, FL 34677 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: KRIEGER, SHARON M C
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

Title: M ( ) Delete
Name: KRIEGER, SHARON M M
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

Title: S ( ) Delete
Name: KRIEGER, ASHLEY A S
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

Title: P ( ) Delete
Name: KRIEGER, SHARON M P
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 3677 US

Title: V ( ) Delete
Name: VONTROBA, SERENITY D V
Address: 2220 ARMITAGE WAY
City-St-Zip: SACRAMENTO, CA 95626 US

Title: T ( ) Delete
Name: SWEENEY, GERALD F T
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KRIEGER, SHARON M S
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: SWEENEY, GERALD F V
Address: 1249 CLAYS TRAIL
City-St-Zip: OLDSMAR, FL 34677 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON KRIEGER C 04/26/2007

Electronic Signature of Signing Officer or Director Date