2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT #_P01000022912 1. Entity Name HORIZON HOSPITALITY MANAGEMENT, INC. Principal Place of Business Mailing Address 17074 KINGFISH LANE WEST 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 03012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086772 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **GUNTHER, JEFFREY C** 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GUNTHER, JEFFREY C NAME 17074 KINGFISH LANE WEST STREET ADDRESS 00/02/05-80099-002 150.00 SUMMERLAND KEY, FL 33042 DITY-ST-ZIP TITLE GUNTHER, KERRY NAME 17074 KINGFISH LANE WEST STREET ADDRESS SUMMERLAND KEY, FL 33042 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Y A. CUNTHER 4/24/5 (305) 744-0929