## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000031030

MILLER, KEVIN G

Name:

Entity Name: NEW HORIZON FINANCIAL SERVICES, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
3283 NW 44 STREET, #6 FORT LAUDERDALE, FL	33309			
Current Mailing Address:		New Mailing Address:		
3283 NW 44 STREET, #6 FORT LAUDERDALE, FL	33309			
FEI Number: 65-1086561	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Cu	urrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
MILLER, KEVIN G 3283 NW 44 STREET, #6 FORT LAUDERDALE, FL	33309 US	MILLER, ERROL A 3283 NW 44 STREET SUITE #6 FORT LAUDERDALE, FI	L 33309 US	
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: ERROL MI	ILLER		04/19/2005	
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: S ()[	Delete	Title: P (X	) Change ()Addition	

Name:

MILLER, KEVIN G

3283 NW 44 STREET #6 3283 NW 44 STREET #6 Address: Address: City-St-Zip: FT.LAUDERDALE, FL 33309 City-St-Zip: FT.LAUDERDALE, FL 33309 Title: () Delete Title: ( ) Change (X) Addition MILLER, ERROL A Name: Name: Address: Address: 3283 NW 44 STREET # 6 FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete Name: Name: MILLER, ERROL A Address: Address: 3283 NW 44 STREET # 6 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309

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: ERROL MILLER D 04/19/2005