2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062486

Entity Name: HORIZON FINANCIAL CORP.

FILED Feb 22, 2005 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place of Business:
100	125TH AVE. KE PINES, FL 33028	
Current M	lailing Address:	New Mailing Address:
SUITE 100	125TH AVE.) KE PINES, FL 33028	
FEI Number	: 65-1153269 FEI Number Applied	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered	Agent: Name and Address of New Registered Agent:
1200 S. PI	ORATION SYSTEM NE ISLAND RD. SSEE, FL 33324 US	
	named entity submits this stateme e of Florida.	at for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Regi	stered Agent Date
Election Car	mpaign Financing Trust Fund Contributi	on ().
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	CHAI () Delete GROSSMAN, WILLIAM CHAIRMA 1851 NW 125TH AVENUE, STE 100 PEMBROKE PINES, FL 33028	Title: CHR (X) Change () Addition Name: GROSSMAN, WILLIAM CHAIRMA Address: 1851 NW 125TH AVENUE, STE 100 City-St-Zip: PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	DIR () Delete KORN, RONALD DIRECTO 1851 NW 125TH AVENUE, STE 100 PEMBROKE PINES, FL 33028	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PRES () Delete LUNAK, THOMAS E PRESID 1851 NW 125TH AVENUE, STE 100 PEMBROKE PINES, FL 33028	Title: PRES (X) Change () Addition Name: KROLL, BETH M PRESID Address: 1851 NW 125TH AVENUE, STE 100 City-St-Zip: PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	DIR () Delete SHAY, RODGER CHAIRMA 1851 NW 125TH AVENUE, STE 100 PEMBROKE PINES, FL 33028	Title: DIR (X) Change () Addition Name: SHAY, RODGER DIRECTO Address: 1851 NW 125TH AVENUE, STE 100 City-St-Zip: PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	DIR () Delete BERMONT, PETER DIRECTO 1851 NW 125TH AVENUE, STE 100 PEMBROKE PINES, FL 33028	Title: () Change () Addition Name: Address: City-St-Zip:

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: BETH M. KROLL PRES 02/22/2005