2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # P01000105283** R W HORTON ENTERPRISES INC. Principal Place of Business Mailing Address 1265 19TH AV SW PO BOX 650676 VERO BEACH, FL 32962 VERO BCH, FL 32965-0676 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0884717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORTON, RALPH W DO NOT WRITE 1265 19TH AVE SW VERO BCH, FL 32962 IN THIS SPACE \$. 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 Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstiting) DATE 9. Election Campaign Financing \$5.00 May Be U00000520718 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/02/06-80107-007 150.00 OFFICERS AND DIRECTORS 10. PCEO THE HORTON, RALPH W NAME STREET ADDRESS 1265 19TH AVE SW CITY-ST-7P VERO BCH, FL 32962 TITLE NUT STREET ADDRESS CITY-ST-ZP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIF MLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lates are provided.

SIGNATURE: 2

STREET ADDRESS CITY-ST-ZIP

> 4/17/0Ce 772-5(e7-084 Depte Phone \$