2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # P02000122216** 1. Entity Name 04-13-2005 90064 046 ***150.00 INTERNATIONAL HORIZON, INC. Principal Place of Business Mailing Address 21060 WOODSPRING AVENUE 21060 WOODSPRING AVENUE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-4221460 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bewley SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code 33428 aton 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 me Bewler (NOTE: Registered Agent signature required when reinstation) 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 10. OFFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE TITI F Delete Courtney Bewley Ave. 21060 Woodspring Ave. Boea Raton, FL 33428 NAME BEWLEY, MAE E NAME 21060 WOODSPRING AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the component with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED