2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000059201

1. Entity Name

FRESH HORIZONS, INC.



FILED

Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90035 021 ***150.00

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Principal Place	e of Busines:	s	М	ailing Address								
10942 SW BI				10942 SW BLUE MESA				40	008456			
PORT SAINT	LUCIE, FL 3	34987	F	PORT SAINT LUCIE, FL	34987			40	0002			
								1 18811881 181	ARING HILI ARIK RUM AR		ICHI KON CINCI K	RIBRI IL IRBL
2. Principal P	lace of Busir	ness - No P.Q. Box #	3.	Mailing Address								
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				01112007	Chg-P	CR2E	(12/06)	
City & State	9			City & State				4. FEI Numbe 73-166			 	oplied For ot Applicable
Zíp		Country		Zip	Coun	ntry		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	nt Regis	stered Agent				7. Name and	Address of New F	Registered	l Agent	
DEIOUENI		. DIZ				Name						
REICHENBACH, MARK 10942 SW BLUE MESA WAY PORT SAINT LUCIE, FL 34987						Street Address (P.O. Box Number is Not Acceptable)						
FOR SAI	N) LOCIE	:, FL 34901										
						City				FI	L Zip Cod	le
		y submits this statement	for the	purpose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of Fl	orida. I an	n familiar with	and accept
the obligat	ions of regis	tered agent.										
SIGNATURE_	Signature bened	For printed name of registered ago	ant and little	id applicable	E: Daguetara	nd Agent Frontin	ra remired	when reinstating)		DATE		
	agnatore, typeu	or printed name of registered agr	ent and upe	Таррісавіе. (1401	E. negistere	ou Agent signatu	e radurac	wildi i diristating)				
FIL	E NOW!!!	FEE IS \$150.00		9. Election Campa	-			.00 May Be				
		7 Fee will be \$550	0.00	Trust Fund Conf	tribution.		Add	ed to Fees				
10.		OFFICERS AN	ID DIRE	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTOR	IS IN 11
TITLE	PSTD			☐ Delete	TITL	E					☐ Change	☐ Addition
NAME	ſ	IBACH, MARK			NAM							
STREET ADDRESS CITY-ST-ZIP	•	V BLUE MESA WAY LUCIE, FL 34986				EET ADDRESS 7-ST-ZIP						
TITLE	FORTSI	. 20012, 1 2 34300		Delete	TIR						Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP						
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NAME					NAA							
STREET ADDRESS					STR	EET ADORESS						
CITY-ST-ZIP	l				CITY	Y - ST - ZIP						

12. I hereby certify that the information supplied with this filling 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 it 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

Mark Reichland Mark Reichen back signature and typed on printed name of signing officer or director

1-11-07

772 345 3390

Date