2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000064132

Entity Name

COBALT BLUE HORIZON, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

1234 AIRPORT RD., STE. 124 DESTIN, FL 32541 Mailing Address

1234 AIRPORT RD., STE. 124 DESTIN, FL. 32541



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0037022

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JOHN W 1234 AIRPORT RD., STE. 124 DESTIN, FL 32541

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	•				THIS OF AGE
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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		•	
TITLE	PT				
NAME	HARRISON, JOHN W				
STREET ADDRESS	1234 AIRPORT RD., STE. 124				
CITY-ST-ZIP	DESTIN, FL 32541	171.00			U00000743037
TITLE	S				05/15/07-80094-001 150.00
NAME	MAIRSON, DEE A				
STREET ADDRESS CITY-ST-ZIP	1234 AIRPORT RD., STE. 124 DESTIN, FL 32541				
	DESTIN, FL 32541				
TITLE NAME					
STREET ADDRESS	-				
CITY-ST-ZIP				DO	NOT WRITE
TITLE				181	TUIC ODACE
NAME				IN	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					

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 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, that all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

(8<u>50) 837-2590</u>

Daytime Phone #

John Harrison Presiden