

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048828

FILED
Mar 20, 2006
Secretary of State

Entity Name: HORIZON MULTI SERVICES INC.

Current Principal Place of Business:

671 SW MCCOMB AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

671 SW MCCOMB AVENUE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST LOUIS, JUDES
671 SW MCCOMB AVENUE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACQUES, JEAN R
Address: 7221 NW 16 ST # 267
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: JOSEPH, WHAN S
Address: 8901 NW 24 ST
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: ST LOUIS, PETION
Address: 671 SW MCCOMB AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: ST LOUIS, RENELUC
Address: 2611 NW 56 AVE #527
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: ST LOUIS, EVINCE
Address: 671 SW MCCOMB AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: DOMINIQUE, MARC
Address: 3440 NW 37 ST
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: JUDES ST LOUIS

MR

03/20/2006

Electronic Signature of Signing Officer or Director

Date