

2005 FOR PROFIT CORPORATION ANNUAL REPORT.

4/ **FILED**
May 26, 2005 8:00 am
Secretary of State
04-18-2005 90261 037 ***150.00

DOCUMENT # P04000054173 1. Entity Name SILVER HORIZONS CORPORATION			
Principal Place of Business 6596 PICCADILLY LN ORLANDO, FL 32835		Mailing Address 6596 PICCADILLY LN ORLANDO, FL 32835	
2. Principal Place of Business 7942 Sweetgum Loop Suite, Apt. #, etc.		3. Mailing Address 7942 Sweetgum Loop Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip Country 32835 USA		Zip Country 32835 USA	
4. FEI Number 201057660		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORELLI, ANNEMARIE L 6596 PICCADILLY LN ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MORELLI, ANNEMARIE L 6596 PICCADILLY LN. ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Morelli, Annemarie L 7942 Sweetgum Loop Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X. Morelli Annemarie L. Morelli		Date 04/14/05 Daytime Phone 407 448 3607	

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