

**2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000090328	
1. Entity Name New Horizon Design & Construction, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4436 120th Ave. N.	3. Mailing Address 4436 120th Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

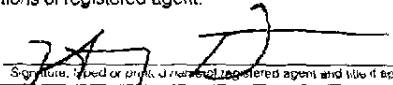
City & State Royal Palm Beach, FL	City & State Royal Palm Beach, FL	4. FEI Number 87-0750713	☐ Applied For ☐ Not Applicable
Zip 33411	Country Palm Beach	Zip 33411	Country Palm Beach
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Henry Dean, C.P.A.
Street Address (P.O. Box Number is Not Acceptable) 251 N.E. Dixie Blvd.
City Delray Beach, FL
Zip Code 33444

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, of natural registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/12/06

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

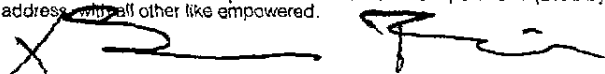
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE President	NAME Sean Flenniken	TITLE	NAME
STREET ADDRESS 4436 120th Ave.N.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Royal Palm Beach, FL 33411	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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05/01/06-80023-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/06 561-644-4630