2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2006
Secretary of State

DOCUMENT# P05000106906

Entity Name: NEW HORIZONS CONSTRUCTION GROUP INC

Current Principal Place of Business:

815 NW 57 AVE
119
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

815 NW 57 AVE
119
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3242758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, YOSVANY
815 NW 57 AVE
119
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOSTA, YOSVANY
Address: 815 NW 57 AVE SUITE 119
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Delete
Name: HIDALGO, ODALIS
Address: 815 NW 57 AVE SUITE 119
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Delete
Name: FARELO, ADRIANA L
Address: 815 NW 57 AVE SUITE 119
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: PIEDRA, EDUARDO
Address: 815 NW 57 AVE SUITE 119
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Delete
Name: ROBERT, COBA
Address: 14551 SW 296 ST
City-St-Zip: MIAMI, FL 33030

Title: VP (X) Delete
Name: RENZO, BASSANINI
Address: 1240 HAMPTON BLVD APT 438
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: YOSVANY ACOSTA P 06/17/2006

Electronic Signature of Signing Officer or Director — Date