


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90107 043 \*\*\*150.00

<b>DOCUMENT # P06000033547</b>					
1. Entity Name HORIZON CONSTRUCTION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1216 W. WASHINGTON STREET ORLANDO, FL 32805 US			Mailing Address 1216 W. WASHINGTON STREET ORLANDO, FL 32805 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0570132</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CRISANTE, ELIZABETH C 1216 W. WASHINGTON STREET ORLANDO, FL 32805				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 <u><i>ECX</i></u> <u>Elizabeth Crisante</u> <u>1-12-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISANTE, ELIZABETH C		NAME		
STREET ADDRESS	1216 W. WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISANTE, JEANEEN E		NAME		
STREET ADDRESS	1216 W. WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISANTE, MICHAEL C JR.		NAME		
STREET ADDRESS	1216 W. WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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, with all other like empowered.					
SIGNATURE: <u><i>m c</i></u> <u>Michael Crisante</u>			1-12-07 407-460-6522 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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