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2007 FOR PROFIT CORPORATION ANNUAL REPORT	4/31	Jun 25, 2007 8:00 at Secretary of State
		0.4.00.00000000000000000000000000000000

1. Enlity Nam	OCUMENT # P06000140114 NITY Name W HORIZONS REJUVENATION CENTER, INC						04-30-2007 90388 043 *** 130.00						
Principal Pinc	a of Burines			Initing Address			1	ь	POT?	3(13			
5561 PRISCI	incipal Piace of Business Meiling Address 567 PRISCILLA LANE 5561 PRISCILLA LANE AKE WORTH, FL 33463 US LAKE WORTH, FL 33463					S							
2. Principal P	cipal Place of Susiness - No P.O. Box # 3. Mailing Address										F11		
Suite, Apt.	e, Apt. #, etc.			Suite, Apt #, etc.			04032007	Chg-P	CR2E	(12/06)			
City & State	State			City & State			4. FEI Numb	oer			oplied For of Applicable		
Zlp		Country	Zip Coun		itry		e of Status Desired		\$8.75 Add Fee Require				
	6. Harris	and Address of Current	Regh	itered Agent		Name	7. Name an	d Address of New I	Registered	Agent			
BEILLY, ORRIN R 105 S. NARCISSUS AVE.					Street Address (P.O. Box Number is Not Acceptable)								
SUITE 705		H, FL 33401											
						City	<u> </u>		F	Zip Cod	e		
	named entiti tions of regist	y submits this statement f tered agent.	or the	purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Fi	orida. I an	n lamillar with.	and accept		
SIGNATURE	Signature, lyoed	for printed name or registered egen	l and the	- rappicable (NOT	E: Regressive	id Agent signature require	d when revisitating)		DAIL	·- <u></u>			
		FEE IS \$150.00 7 Fee will be \$850.	.00	S. Election Campa Trust Fund Cont			.00 May Be ded to Fees						
10.		OFFICERS AND	DIRE	CTORS	11.	<u></u>	ADDITIONS	/CHANGES TO OFF	ICERS AN	ID DIRECTOR	SIN 11		
title	PST			☐ Delete	THE	I .				☐ Change	☐ Addition		
NAME STREET ADDRESS	STOWERS, JOSEPH W NAME STREET					E Et address					İ		
CITY-SI-ZIP	LAKE WO	ORTH, FL 33463			╃	-ST-22P							
TITLE NAME	{			☐ Delete	TITLE	i				Change	☐ Addition		
STREET ADDRESS CITY-SI-ZIP						TT ADDRESS -ST-ZIP							
TIFLE				☐ Oelete	TITLE	II				☐ Change	Addition		
STREET ADDRESS						ET ADDRESS					-		
CITY-ST-ZIP	<u> </u>				int	-ST-ZIP				F3.0			
TITLE NAME	}			☐ Delete	i NAM	•				Change	Addition		
STREET ADDRESS CITY-S1-ZIP						ET ADORESS -ST-ZIP		· 	·				
TITLE NAME				Delete	TITLE	l l				Change	Addition		
STREET ADDRESS CATY-ST-ZIP					STRE	ET ADORESS -S1-ZIP							
TITLE				☐ Delete	TITLE	-				Change	Addition		
NAME STREET ADDRESS	ļ				HAM! STRE	E ET ADDRESS					ĺ		
CITY-ST-ZIP					- 1	-ST-ZIP							
12. Thereby 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 efficer 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.													
SIGNAT	URE:/	begg	50	ut Stac	الكول	2-5-		4-1-0	7				
I ***	/-	SIGRATURE AND TYPED OR	PRINTE	NAME OF STUNDED OFFICER	OR DIRECT	TOR		Dase		Oaytone Phone #			