


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90023 045 \*\*\*150.00

<b>DOCUMENT # P06000157708</b> 1. Entity Name <b>NEW HORIZON TAX SERVICES INC.</b>					
Principal Place of Business <b>2081 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>2081 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071</b>		
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		Country		4. FEI Number <b>20-8151153</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOULD, WAYNE A 6749 PETUNIA DRIVE MIRAMAR, FL 33023</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GOULD, WAYNE A 6749 PETUNIA DRIVE MIRAMAR, FL 33023</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V ST-ALBORD, LOUINEL 211 SW 31 AVE FT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S DURAND, NANCY 14028 SW 54 STREET MIRAMAR, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T ADEJOLA, AMEERAH 2081 CORAL RIDGE DR CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE</b> <i>Ameerah Adejola</i> <b>4/29/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					