

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010231

Entity Name: NEW HORIZON FLORIDA, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

C/O PAT FRANK
8127 SIQUITA DR NE
ST PETERSBURG, FL 33702

Current Mailing Address:

C/O PAT FRANK
8127 SIQUITA DR NE
ST PETERSBURG, FL 33702

FEI Number: 20-8448537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

C/O PAT FRANK
8127 SIQUITA DR NE
ST PETERSBURG, FL 33702 US

New Mailing Address:

C/O PAT FRANK
8127 SIQUITA DR NE
ST PETERSBURG, FL 33702 US

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Change (X) Addition
Name: FRANK, PATRICIA
Address: 8127 SIQUITA DR NE
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: DVPS () Change (X) Addition
Name: RITTER, DAVID
Address: 8127 SIQUITA DR NE
City-St-Zip: ST. PETERSBURG, FL 33702 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA FRANK

DPT

04/23/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date