## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000109507

Address:

City-St-Zip:

Entity Name: HORIZON HOUSE ASSISTED LIVING INC

FILED May 19, 2009 Secretary of State

Entity Nar	ne: HORIZC	JN HOUSE ASSISTED LIVING	INC			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	IWANNEE LA EACH, FL 32					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX : MERRITT	541421 ISLAND, FL	32954				
FEI Number:	26-4039281	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	d()
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
315 WAIN	S, CHARLES AI DRIVE ISLAND, FL	32954 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent,	or both,
SIGNATUF	RE:					
	Electro	onic Signature of Registered Ag	gent		Date	
		93(2)(b), F.S., the corporation did r	not receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GEORGES, N P.O. BOX 541		Title: Name: Address: City-St-Zip:	GEORGES, 315 WAINAI		
Title: Name	(	) Delete	Title: Name:	CEO GEORGES	( ) Change (X) Addition	

Address:

315 WAINAI DRIVE

City-St-Zip: MERRITT ISLAND, FL 32954

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: CHARLES GEORGES PRES 05/19/2009