


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 039 ***150.00

DOCUMENT # P29230 1. Entity Name NU HORIZONS ELECTRONICS CORP.	
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Principal Place of Business NU HORIZONS ELECT. CORP. 3421 NW 55TH ST FORT LAUDERDALE, FL 33309	Mailing Address NU HORIZONS ELECT. CORP. 70 MAXESS ROAD MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE

400001100



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2621097	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVACK, MARTIN 65 WILDWOOD DRIVE LAUREL HOLLOW, NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADATA, ARTHUR 25 NORTHCOTE DR. MELVILLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRAUDENBERG, KURT 165 LESTER RD. MATTITUCK, NY 11952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHUSTER, RICHARD S. 11 CLEARMEADOW COURT WOODBURY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, HERBERT M. 4 DARLEY ROAD GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, DAVID 2131 NEWBRIDGE ROAD BELLMORE, NY 11710

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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>Arthur Nadata</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>PD 1-16-08</u> <small>Daytime Phone #</small>