



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90019 013 \*\*\*158.75

<b>DOCUMENT # P94000005150</b>					
<b>1. Entity Name</b> HORIZON ELECTRIC, INC.					
<b>Principal Place of Business</b> 2840 SOMERSET DR M-416 LAUDERDALE LAKES, FL 33311 US			<b>Mailing Address</b> 2840 SOMERSET DR M-416 LAUDERDALE LAKES, FL 33311 US		
<b>2. Principal Place of Business</b> 2840 SOMERSET DR Suite, Apt. #, etc. M-416		<b>3. Mailing Address</b> 2840 SOMERSET DR Suite, Apt. #, etc. M-416			
<b>City &amp; State</b> LAUDERDALE LAKES FL		<b>City &amp; State</b> LAUDERDALE LAKES FL		03262006 Chg-P CR2E034 (11/05)	
<b>Zip</b> 33311		<b>Country</b> USA		<b>4. FEI Number</b> 65-0524411	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> FILINGS, INC. 3732 NW 16TH STREET FORT LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIOUPERIS, SOCRATES <input checked="" type="checkbox"/> Delete SUITE 214, 5200 NW 31ST AVENUE FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIOUPERIS, SOCRATES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2840 SOMERSET DR. # M-416 LAUDERDALE LAKES 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>SOCRATES SIOUPERIS</u>			3-28-06 954-557-8001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		