## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P94000090364 KW HORIZONS, INC. . . . Principal Place of Business Mailing Address 1908 NW 4TH AVE 1908 NW 4TH AVE SUITE 112 **SUITE 112** BOCA RATON, FL 33432 BOCA RATON, FL 33432 04182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0582101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLASELD, ILENE DO NOT WRITE 1908 NW 4TH AVE SUITE 112 IN THIS SPACE BOCA RATON, FL 33432 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KLASFELD, ILENE NAME STREET ADDRESS 1908 NW 4TH AVE., SUITE 112 CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS U00000742848 CITY-ST-ZIP 05/15/07-80086-009 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NA

ME OF SIGNING OFFICER OR DIRECTOR

4/26/=-

5.61-368-5558

Daytime Phone #