## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000029977

COX, JUDITH Á

904 DOGWOOD AVE.

DAPHNE, FL 32526

Name:

Address:

City-St-Zip:

Entity Name: HORIZON TRADING INTERNATIONAL INC

FILED Apr 25, 2005 Secretary of State

Entity Name: HORIZON TRADING INTERNATIONAL, INC.							
Current Principal Place of Business:					New Principal Place of Business:		
	HING POST I NAVERAL, F		US				
Current Mailing Address:					New Mailing Address:		
	HING POST I NAVERAL, F		US				
FEI Number:	: 59-3313697	FEI Nur	nber Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
SALBERT, WILLIAM L 323 HITCHING POST ROAD CAPE CANAVERAL, FL 32920 US					SALBER, WILLIAM L 323 HITCHING POST ROAD CAPE CANAVERAL, FL 32920 US		
	named entit e of Florida.	y submits t	nis statement for the	purpose of	changing its registered	d office or registered agent, or both,	
SIGNATURE: WILLIAM L. SALBER						04/25/2005	
	Electr	onic Signat	ure of Registered A	gent		Date	
Election Car	mpaign Financ	ing Trust Fu	nd Contribution ( ).				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SALBER, WI	IG POST ROA			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP SALBER, TE 560 VENETIA MERRITT ISI	YAW NA	953		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MADRIGAL,	MORELAND D	PRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DVP	(X) Delete			Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM L. SALBER PRES 04/25/2005