2005 FOR PROFIT CORPORATION

FILED Mar 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000066241 HORIZON MANAGEMENT COMPANY Principal Place of Business Mailing Address 795 12TH AVE SW 795 12TH AVE SW VERO BEACH, FL 32962 VERO BEACH, FL 32962 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0606981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SMITH, CHRIS DO NOT WRITE 795 12TH AVE SW VERO BEACH, FL 32962 IN THIS SPACE 3. 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 of printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstelling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, CHRISTOPHER D. STREET ADDRESS 795 12TH AVE SW CITY-ST-7IP VERO BEACH, FL 32962 TITLE ⁼V000000262106 NAME 03/14/05-80040-007 150.nn STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

772-562-5789