


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 13, 2007 8:00 am
Secretary of State**

03-13-2007 90019 001 ***150.00

DOCUMENT # <u>09900053187</u>	
1. Entity Name <u>Horizons Unlimited Preschool, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <u>1122 W. Orange Avenue</u> Suite, Apt. #, etc.
City & State <u>Tallahassee, FL</u>	City & State
Zip <u>32310</u>	Country <u>LEON</u>

40035024 CR2E034B (8/05)

4. FEI Number <u>59-3584881</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Karon Barnes
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	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	<u>Cheyl White-Johnson</u>	TITLE	
NAME	<u>988 Balkin Rd</u>	NAME	
STREET ADDRESS	<u>Tallahassee, FL 32305</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<u>Karon Barnes</u>	TITLE	
NAME	<u>3461 Saltash LN</u>	NAME	
STREET ADDRESS	<u>Tallahassee, FL 32317</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karon D. Barnes 3/19/07 570-6943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #