## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 27, 2006 08:00 AN DOCUMENT # P99000056876 **Secretary of State** HORIZONTAL INVESTMENTS, INC. Principal Place of Business Mailing Address 3440 O'BERRY ROAD POST OFFICE BOX 420339 KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMIREZ, GLADYS C DO NOT WRITE 3440 O'BERRY ROAD KISSIMMEE, FL 34746 IN THIS SPACE 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) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE RAMIREZ, GLADYS C NAME 1100000449047 3440 O'BERRY ROAD STREET ADDRESS 03/09/06-80038-016 iSO.00 KISSIMMEE, FL 34746 CRY-ST-7P TITLE RAMIREZ, RUBEN NAME 13 3440 O'BERRY ROAD STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOF IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 exproration or the receiver or trustee empowered to execute this export as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 til changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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