


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State


03-19-2007 90097 037 ***150.00

DOCUMENT # S05082 1. Entity Name HORIZONS UNLIMITED, INC.	
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Principal Place of Business 12864 BISCAYNE BLVD NORTH MIAMI, FL 33181-2007	Mailing Address 12864 BISCAYNE BLVD NORTH MIAMI, FL 33181-2007
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DO NOT WRITE IN THIS SPACE

40038600



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0227695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHORR, STEPHAN A 2101 N. ANDREWS AVENUE, SUITE 400 FT. LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
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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.

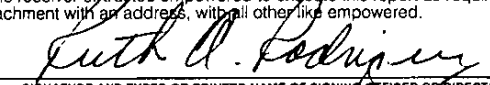
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, GILL 12864 BISCAYNE BLVD N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RUTH A 12864 BISCAYNE BLVD N MIAMI, FL
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TITLE NAME STREET ADDRESS 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 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:  **3/19/07 305-899-8190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone