


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90028 009 \*\*\*150.00

<b>DOCUMENT # V30907</b> 1. Entity Name <b>HORIZON LAND CORPORATION</b>					
Principal Place of Business <b>C/O DAVID MCKIBBIN</b> <b>5225 COLLINS AVE., SUITE 100</b> <b>MIAMI BEACH, FL 33132 US</b>			Mailing Address <b>C/O DAVID MCKIBBIN</b> <b>5225 COLLINS AVE., SUITE 100</b> <b>MIAMI BEACH, FL 33132 US</b>		
2. Principal Place of Business - No P.O. Box # <b>205 WORTH AVENUE</b> Suite, Apt. #, etc. <b>SUITE 312</b> City & State <b>PALM BEACH FL</b> Zip <b>33480</b>		3. Mailing Address <b>205 WORTH AVENUE</b> Suite, Apt. #, etc. <b>SUITE 312</b> City & State <b>PALM BEACH FL</b> Zip <b>33480</b>		4. FEI Number <b>65-0333307</b>	
Country <b>UNITED STATES</b>		Country <b>UNITED STATES</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCKIBBIN, DAVID A</b> <b>2075 SOUTH OCEAN BLVD</b> <b>SUITE 200</b> <b>PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: <u><i>David McKibbin</i></u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>4-30-07</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKIBBIN, DAVID A 1388 LAND'S END RD. HYPOLUXO ISLAND, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>David McKibbin</i></u> (David McKibbin) <u>4-30-07</u> (561) 547 6605 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					