## **2006 FOR PROFIT CORPORATION**

## Aug 08, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # V68133** 08-08-2006 90003 008 \*\*\*150.00 1. Entity Name THE HORSERADISH, INC. Principal Place of Business Mailing Address 50024743 15150 GOLDEN POINT LANE 15150 GOLDEN POINT LANE WELLINGTON, FL 33414 WELLINGTON, FL 33414 07202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0356304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, R. GREG DO NOT WRITE 215 FIFTH ST **STE 200** IN THIS SPACE W PALM BEACH, FL 33401 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 \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SODERQVIST, JILL R. NAME STREET ADDRESS 15150 GOLDEN POINT LN WELLINGTON, FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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></u>	2C (HZ)			
	SIGNA	RE AND TYPED OR	PRINTED NAME	F SIGNING	OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED

ATTACHMENT
50014743

The Horseradish, Inc. 15150 Golden Point Lane Wellington, FL 33414

July 25, 2006

Florida Department of State Secretary of State Sue M. Cobb Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: The Horseradish, Inc. FEIN: 65-0356304

Document #V68133

2006 Annual Report

Dear Sir or Madam:

I am writing to you regarding the notice I received indicating the State's intent to dissolve The Horseradish, Inc., due to the failure to file the 2006 Annual Report. The report was not timely filed was because I did not receive the notice regarding the report.

Enclosed is the completed 2006 Annual Report along with a \$150 check. Since the late filing was not intentional and I have a long history of timely filing the annual reports. I am respectfully requesting that you abate the additional \$400 filing fee.

Please feel free to call if you have further questions. I appreciate your full consideration in this matter.

Sincerely,

Jill R. Soderqvist

Enc.

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