


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007047

1. Entity Name
HI-PERFORMANCE DESIGNS, INC.



Principal Place of Business
2360 W. MAIN ST.
ALLIANCE, OH 44601

Mailing Address
2360 W. MAIN ST.
ALLIANCE, OH 44601



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2226442

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

GAUDENS, HENRY
808 S. WOODROW WILSON ST., SUITE 2
PLANT CITY, FL 33563

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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 _____ DATE _____

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000339329
04/28/05-80071-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVC
NAME	GAUDENS, HENRY
STREET ADDRESS	808 WOODROW WILSON ST., SUITE 2
CITY - ST - ZIP	PLANT CITY, FL 33563
TITLE	CV
NAME	TOLERTON, WILLIAM T
STREET ADDRESS	1469 W. MAIN ST.
CITY - ST - ZIP	ALLIANCE, OH 44601
TITLE	S
NAME	CLUNK, DENNIS R
STREET ADDRESS	2040 S. UNION AVE.
CITY - ST - ZIP	ALLIANCE, OH 44601
TITLE	D
NAME	SWENTZL, PAUL
STREET ADDRESS	1475 JINGLE BELL LN.
CITY - ST - ZIP	LEXINGTON, KY 40509
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William T Tolerton* **4/28/05**

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