

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 15, 2006  
Secretary of State**

DOCUMENT# P02000085792

Entity Name: HOFFMAN ENTERPRISES, INC.

**Current Principal Place of Business:**

1126 BUFORD ST NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

7885 W. FLAMINGO RD  
1069  
LAS VEGAS, NV 89147

**Current Mailing Address:**

20021 E. MINGUS DR  
CORDES LAKES, AZ 86333

**New Mailing Address:**

FEI Number: 65-1181824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, ALLEN E  
1126 BUFORD STREET NW  
PALM BAY, FL 329072412 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOFFMAN, ALLEN E  
Address: 20021 E. MINGUS DR  
City-St-Zip: CORDES LAKES, AZ 86333

Title: VP ( ) Delete  
Name: HOFFMAN, KATHLEEN G  
Address: 20021 E. MINGUS DR  
City-St-Zip: CORDES LAKES, AZ 86333

Title: D ( ) Delete  
Name: HOFFMAN, ARTHUR T  
Address: 1532 HARVARD CIR APT 3  
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Delete  
Name: HOFFMAN, DANIEL D  
Address: 1126 BUFORD ST  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOFFMAN, ALLEN E  
Address: 7885 W. FLAMINGO RD, # 1069  
City-St-Zip: LAS VEGAS, NV 89147

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOFFMAN, DANIEL D  
Address: 20021 E. MINGUS DR  
City-St-Zip: CORDES LAKES, AZ 86333

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN E HOFFMAN

P

12/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date