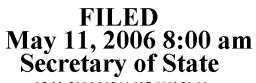
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P0400064580  1. Entity Name HOSE MAKERS PLUS, INC.							,	05-11-2006	-		00
Principal Place of Business 9631 UNIT #4 DENTON AVENUE HUDSON, FL 34667				Mailing Address 9631DENTON AVENU UNIT #4 HUDSON, FL 34667							
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04242006	Chg-P	CR2E03	14 (11/05)	
City & State				City & State		4. FEI Numb	oer <del>51406-</del> 20-1	101729		plied For t Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current R				istered Agent	7. Name and Address of New Registered Agent						
WITECK, 1	HOMAS	w				.nage					
9631 DENTON AVENUE UNIT #4					Street Address (P.O. Box Number is Not Acceptable)						
HUDSON, FL 34667											
						City			FL	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  Signature, typed or pringed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.		OFFICERS	AND DIR	ECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	SIN 11
TITLE	Р	3	•	☐ Delete	TITL	<b>I</b>				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WITECK, THOMAS W 15 7808 DUCK POND COURT HUDSON, FL 34667					RE EET ADDRESS 7-ST-ZIP					
TITLE		934		☐ Delete	TITL	E				Change	☐ Addition
NAME		<b>₽</b> =			NAM	1					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP					
TITLE				☐ Delete	TITL	3				☐ Change	Addition
name Street address					NAM STRI	EET ADDRESS					
CITY-ST-ZIP						r-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME CTREET ADDRESS					NAM	ME EET ADDRESS					Í
STREET ADDRESS CITY-ST-ZIP						/-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME					NAM	AE					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS /-ST-ZIP					
TITLE				☐ Delete	TITL			<del></del>		☐ Change	☐ Addition
NAME				La bolisto	NAM						
STREET ADDRESS						EET ADDRESS			-		
CITY-ST-ZIP	andifu shas sh	a information assessing	ad with this	filing done at all life		r-ST-ZIP	ud in Chapter 11	19 Florido Statutos	I further east	fu that the i-	formation
12. I hereby certify that the information supplied with this filling does not disalify 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 seport 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: 4/30/0C 727-869-4757											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR