2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2004 08:00 AM

				Necrei	tary of State
DOCUMENT # P93000063034 1. Entity Name HHSPPX, INC.				Secre	iary or state
Principal Place 33 SE 4TH S STE 100 BOCA RATON	τ	Mailing Address 33 SE 4TH ST STE 100 BOCA RATON, FL 33432 U	S		
	The second secon	And the second s		(P93000	063034P)
	O NOT WRITE	IN THIS SPA	CE	04142804 No Chg-P	CR2E034 (10/03)
BO NOT WITH A THIO OF A				4, FEI Number 65-0445328	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					And the second s
HALVORSEN, JEFFREY T			DO NOT WRITE		
33 SE 4TH ST STE 100			IN THIS SPACE		
BOCA RATON, FL 33432				114 11110 01	7.00
8. The above the obligat	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE Signakure, typed or printed crame of registrored agent and title if applicable. (NOTE. Registered Agent Eignature required when reinstaling) DATE					
FILE NOWIL: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees U0000	00121354 1-80048-015_158_75
10.	ÖFFICERS AND D	RECTORS			
TITLE NAME	D HALVORSEN, JEFFREY T				··
STREET ADDRESS	ADDRESS 33 SE 4TH ST STE 100				
CHY-ST-ZIP	BOCA RATON, FL				
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			1	/ ** / * * * * * * * * * * * * * * * * *	· . · · . · · . · · . · · . · · · . ·
NAME STREET ADDRESS			DO NOT MOITE		
CITY-ST-ZIP			DO NOT WRITE		
TISTLE NAME			IN THIS SPACE		
STREET ADDRESS					
CITY-ST-ZIP					
THTLE NAME			i		-
STREET ADORESS					
CITY-ST-ZIP			1		

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:

| Signature and 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 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 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 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 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 stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(f), Florida Statutes. I further certificate and fine further certificate in Section 119.07(3)(f), Florida Statutes. I further certificate and fine further certificate in Section 119.07(3)(f), Florida St

NAME STREET ADDRESS CITY-ST-ZIP

JEFF VEY T. HALVOK RE AND TYPED OR PRINTED HAMFOF SIGNING OFFICER OR DIRECTOR