

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 019 ***150.00

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1. Entity Name

H. P. INVESTMENT GROUP INC.



Principal Place of Business
 507 EAST STREET
 LONGWOOD FL 32750
 US

Mailing Address
 PO BOX 520385
 LONGWOOD FL 32752
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3603664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCHALL, W. HUNTER
 133 EAST PINE AVE.
 LONGWOOD FL 32750

Name Paschall, W. Hunter

Street Address (P.O. Box Number is Not Acceptable)
507 East Street

City Longwood

FL

Zip Code 32750

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 Debbie Paschall

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME PASCHALL, DEBBIE
 STREET ADDRESS 507 EAST STREET
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE Change Addition
 NAME 507 East Street
 STREET ADDRESS 507 East Street
 CITY-ST-ZIP

TITLE VP Delete
 NAME PASCHALL, HUNTER
 STREET ADDRESS 507 EAST STREET
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE Change Addition
 NAME 507 East Street
 STREET ADDRESS 507 East Street
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Debbie Paschall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06
 Date

408341325
 Daytime Phone #