

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90372 022 \*\*\*150.00

**60024105**



**DOCUMENT # V59303**  
 1. Entity Name  
 HILTON INTERNATIONAL INDUSTRIES, INC.



Principal Place of Business: 6055 PORTER WAY, SARASOTA, FL 34232 US  
 Mailing Address: 46 NO WASHINGTON BLVD, STE 1, SARASOTA, FL 34236 US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

03272006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0353456  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 LPS CORPORATE SERVICES, INC.  
 46 N. WASHINGTON BLVD.  
 #1  
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 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: \_\_\_\_\_ (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 Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPST NAME: QUINN, ANTONY W STREET ADDRESS: 6055 PORTER WAY CITY-ST-ZIP: SARASOTA, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: ANTONY W. QUINN (941) 371-7750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANTONY W. QUINN, President