
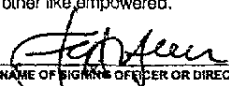


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 412824 1. Entity Name MAX HAUFE, INC.			
Principal Place of Business 3080 N WASHINGTON BLVD SARASOTA, FL 34243		Mailing Address 3080 N WASHINGTON BLVD SARASOTA, FL 34234	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-1481536		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HAUFE, E. H. MAX 3080 N. WASHING BLVD SARASOTA, FL 34234		BLD 4500TH	
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	PYME, K. A.		
STREET ADDRESS	9983 CHERRY HILLS AVE. CIRCLE		
CITY - ST - ZIP	BRADENTON, FL 34202		
TITLE	ASD		
NAME	HAUFE, E. H. MAX		
STREET ADDRESS	3080 N. WASHINGTON BLVD.		
CITY - ST - ZIP	SARASOTA, FL 34234		
TITLE	VP		
NAME	LAMROUX, GUY		
STREET ADDRESS	900 9TH AVE. E., LOT 164		
CITY - ST - ZIP	PALMETTO, FL 34221		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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 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: <u>MAX HAUFE</u> 		Date <u>941 355 1199</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	