


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 667415 1. Entity Name H INVESTMENTS, INC.	
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Principal Place of Business % HATCH INVESTMENTS LTD. 22 ST CLAIR AVE E SUITE 1700 TORONTO, ON M4T 2-S3	Mailing Address % HATCH INVESTMENTS LTD. 22 ST CLAIR AVE E SUITE 1700 TORONTO, ON M4T 2-S3
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DO NOT WRITE IN THIS SPACE



08022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2000040	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HATCH, G.G. 22 ST CLAIR AVE, E.#1700 TORONTO, ON M4T 2S3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JAVORSKI, L.M. 22 ST CLAIR AVE, E.#1700 TORONTO, ON M4T 2S3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000574905
 08/22/06-20001-022 550.00

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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: LINDA JAVORSKI *Linda Javorski* Aug. 2, 2006 416 324-8660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #