## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

with all other like empowered

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # F02000004648 06 APR 27 AH 11: 12 1. Entity Name HWB CONSTRUCTION, INC. SECRETARY OF STATE TAELAHASSEE, FLORID-Principal Place of Business Mailing Address 9350 SUNSET DRIVE STE. 100 15326 ALTON PARKWAY MIAMI, FL 33173 **IRVINE, CA 92618** 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 27-0019250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE ☐ Delete TITLE ☐ Change Addition SCARBOROUGH, STEPHEN J NAME NAME STREET ADDRESS 15326 ALTON PARKWAY STREET ADDRESS **IRVINE, CA 92618** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORTNEY, MICHAEL C NAME NAME 700073413927 05/01/06--01017--010 \*\*\*30 15326 ALTON PARKWAY STREET ADDRESS STREET ADDRESS \*\*300.00 CITY-ST-ZIP **IRVINE, CA 92618** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARNES, ANDREW H NAME 15326 ALTON PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP IRVINE, CA 92618 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE IBARRIA, DIANNA NAME NAME 9350 SUNSET DIRVE STE. 100 STREET ADDRESS STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition FELDMAN, CLAUDIA E NAME NAME STREET ADDRESS 9350 SUNSET DIRVE STE. 100 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HALVORSEN, CLAY A NAME NAME STREET ADDRESS 15326 ALTON PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVINE, CA 92618 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CLay A. Halvorsen

Secretary

APPRUSS A**N**D

Daytime Prone #

949-789-1618