2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 11, 2006 08:00 AM **Secretary of State DOCUMENT # F02000006384** 1. Entity Name HENA, INC Principal Place of Business Mailing Address **660 BERRIMAN STREET** C/O KATZ & BLOOM 200 SOUTH SERVICE ROAD #208 BROOKLYN, NY 11208 **ROSLYN HEIGHTS, NY 11577** 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2231262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KOPF, DAN DO NOT WRITE 17573 C ASHBOURNE LANE BOCA RATON, FL 33496 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. U0000056934 150.00SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS CP TITLE TAUGER, LEONARD NAME STREET ADDRESS 8659 TIERGA LAGO COVE CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE TAUBER, SCOTT NAME STREET ADDRESS 37 ORANGE DRIVE CITY-ST-ZIP JERICHO, NY 11753 ST TITLE NAME TAUBER, LAN R STREET ADDRESS 454 WEST 46TH STREET DO NOT WRITE CITY-ST-ZIP NEW YORK, NY 10036 TITLE N THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 anadress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED