


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 013 ***158.75

DOCUMENT # F93000001243

1. Entity Name
HPI PARTNERS II, INC.



Principal Place of Business 2 GILLON STREET SUITE A CHARLESTON, SC 29401 US	Mailing Address 2 GILLON STREET SUITE A CHARLESTON, SC 29401 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04062006 Chg-P CR2E034 (11/05)

4. FEI Number 23-2676819	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINEGAR, CRAIG ESO
250 PARK AVENUE SOUTH, 5TH FLOOR
C/O WINDERWEEDLE HAINES WARD & WOODMAN PA
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name WHWW, INC.
Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVE., SUITE 1500
City ORLANDO FL Zip Code 32801

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 By: *Derbie Fricke*, VP DERBIE FRICKE, VP 4/6/06
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARLEY, EDWIN H 2 GILLON STREET, SUITE A CHARLESTON, SC 29401 <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: *Edwin H. Harley* 4/13/06 843-853-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #