

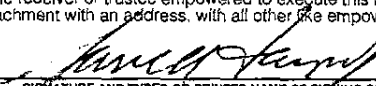


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000003585</b>			
1. Entity Name HERNANDO PROPERTIES, INC.			
Principal Place of Business 20 TRAFALGAR SQUARE, STE. 602 NASHUA, NH 03063		Mailing Address 20 TRAFALGAR SQUARE, STE. 602 NASHUA, NH 03063	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 02-0479603	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>	
ABEL, ERIC D 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442			
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000403187 02/03/06-80035-022 150.00
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TAMPOSI, SAMUEL A JR. 20 TRAFALGAR SQUARE, STE. 602 NASHUA, NH 03063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAMPOSI, STEPHEN A 20 TRAFALAGR SQUARE SUITE 602 NASHUA, NH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		01/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	