
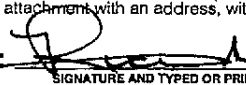


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001641 1. Entity Name HSH I, INC.			
Principal Place of Business 12730 HIGH BLUFF DRIVE SUITE #250 SAN DIEGO, CA 92130 US		Mailing Address 12730 HIGH BLUFF DRIVE SUITE #250 SAN DIEGO, CA 92130 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MARINICH, DAVID 3075 NORTH ROCKY POINTE DR TAMPA, FL 33607		04282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 33-0667325 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		DO NOT WRITE IN THIS SPACE	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000355086 05/03/05-80134-002 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HARDAGE, SAMUEL A 12730 HIGH BLUFF DRIVE SUITE #250 SAN DIEGO, CA 92130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, THOMAS D 12730 HIGH BLUFF DRIVE SUITE #250 SAN DIEGO, CA 92130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEZA, RICK 12730 HIGH BLUFF DR., #250 SAN DIEGO, CA 92130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RICHARD A. MEZA 28 APR 2005 858-794-2338 Date Daytime Phone #	