2006 FOR PROFIT CORPORATION" ANNUAL REPORT

DOCUMENT # F9900000740 1. Entity Name HLP, INC. OF ARIZONA



FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3271 FALKLAND CIRCLE

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HUNTINGTON BEACH, CA 92649 U

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DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applies

86-0487620

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PURTELL, JOHN T 5778 SW WINDSONG LANE STUART, FL 34997

DO NOT WRITE 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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) DATE					
	E NOW!!! FEE IS \$150.00 my 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	U00000408935 02/08/06-80080-001 150 00
10.	OFFICERS AND DIREC	TORS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOOVER, ROBERT K 3271 FALKLAND CIRCLE HUNTINGTON BEACH, CA 92649	. e . <u> </u>		TOTAL PROPERTY OF THE STATE OF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOOVER, DIANE L 3271 FALKLAND CIRCLE HUNTINGTON BEACH, CA 92649				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	•	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:

VATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIP/CF

2 01/24/2006 562-593/119899899