2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000002186

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90359 045 ***150.00

1. Entity Name HAT WOR			and the second			300			
Principal Place	of Business	Mailing Address	Mailing Address						
7555 WOODLAND DRIVE INDIANAPOLIS, IN 46278		7555 WOODLAND DRIVE Indianapolis, in 46278							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04122006 Chg-P	CR2E034 (11/05)	
City & State		City & State				4. FEI Number 46-0437884	***		plied For Applicable
Zip	Country	Zip	Country	y	_	5. Certificate of Status Desired		75 Addi Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NIDAL CEDVICES INC				Name					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4				Street Address (P.O. Box Number is Not Acceptable)					
WESTON,	FL 33331		-				FL	Zip Code	,
	named entity submits this statement for one of registered agent.	or the purpose of changing its	s registered	d office or re	egister	red agent, or both, in the State of Flo		liar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent					d when reinstating)	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.	<u>_</u>		ing 🗆	\$5 . Add	.00 May Be ed to Fees ADDITIONS/CHANGES TO OFF	FICERS AND DIE	BECTORS	S IN 11
TITLE	CEO	★ Delete	TITLE	1	ASST.	Secretary		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DENNIS, ROBERT 3065 S 975 EAST ZIONSVILLE, IN 46077			T ADDRESS ST-ZIP	elek 1791 Zion	Cramer to creekstone way smile in 46077		٠	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOCHER, KEN 11820 CREEKSTONE WAY ZIONSVILLE, IN 46077	⊠ Delete			DUS	ident Koher 2 Ridge talley Ct. Sville IN 46077	Ż	Change	Addition
TITLE NAMS STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, HAL N 5749 CLOVERHILL DRIVE BRENTWOOD, TN 37027	□ Delete			•			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULMI, JAMES S 2519 RIDGEWOOD DRIVE NASHVILLE, TN 37215	☐ Delete		T ADDRESS ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete) Change	☐ Addition

O THE SAME

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: