



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G53856 1. Entity Name HEI ASSOCIATES, INC.				SEAL OF THE STATE OF FLORIDA DIVISION OF CORPORATIONS 06 OCT 31 PM 5:17	
Principal Place of Business 605 E. ROBINSON STREET SUITE 210 ORLANDO, FL 32801 US		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961 US			
2. Principal Place of Business <i>1164 Overbrook Drive</i>		3. Mailing Address <i>1164 Overbrook Drive</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10262006 Chg-P CR2E034 (11/05)	
City & State <i>Orlando, FL</i>		City & State <i>Orlando, FL</i>		4. FEI Number 59-2327068	
Zip <i>32804</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIS, MARY ELLEN 1164 OVERBROOK DRIVE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <i>Mary Ellen Hollis</i> <i>Mary Ellen Hollis</i> <i>10/26/2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, PHILLIP C PE <input type="checkbox"/> Delete 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1164 Overbrook Drive</i> <i>Orlando, FL 32804</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLLIS, MARY E <input type="checkbox"/> Delete 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1164 Overbrook Drive</i> <i>Orlando, FL 32804</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUDD, MICHAEL T <input checked="" type="checkbox"/> Delete 605 E. ROBINSON ST., STE 210 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081372563 10/21/06--01038--003 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mary Ellen Hollis</i> <i>10/26/2006</i> <i>10/26/2006</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					