


**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90029 007 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # G85616</b>	
1. Entry Name HRG ASSOCIATES, INC.	

Principal Place of Business C/O HEINZ R. GOLDSCHNEIDER, 505 N.E. 20TH STREET BOCA RATON, FL 33431	Mailing Address C/O HEINZ R. GOLDSCHNEIDER 505 N.E. 20TH STREET BOCA RATON, FL 33431
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**60004244**



2. Principal Place of Business	3. Mailing Address
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Suite Apt # etc	Suite Apt # etc
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01102006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 59-2270235	Applied For No: Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
GOLDSCHNEIDER, HEINZ R. 400 NE 20 STREET C-302 BOCA RATON, FL 33431

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable) 505 NE 20th Street
City Boca Raton
State FL
Zip Code 33431

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 re-registering)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOLDSCHNEIDER, HEINZ R. <del>400 NE 20 STREET C-302</del> <del>BOCA RATON, FL 33431</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDSCHNEIDER, DENISE <del>400 NE 20 STREET C-302</del> <del>BOCA RATON, FL 33431</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 505 NE 20th Street Boca Raton, FL, 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 505 NE 20th Street Boca Raton, FL, 33431
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"/> Change <input type="checkbox"/> Addition
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"/> 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>Heinz R. Goldschneider</i>	Heinz R. Goldschneider	Date 1-17-06	Daytime Phone # (561) 392-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #