

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2006  
Secretary of State**

DOCUMENT# H03829

Entity Name: HAWK MEDICAL PROTOTYPES, INC.

**Current Principal Place of Business:**

4460 SW 35TH TERRACE  
303  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4460 SW 35TH TERRACE  
303  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 59-2518077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAWKINS, JEFF  
1423 SE 132ND LANE  
MICANOPY, FL 32667      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAWKINS, IRVIN F JR.  
Address: 1423 SE 132ND LANE  
City-St-Zip: MICANOPY, FL 32667

Title: V ( ) Delete  
Name: HAWKINS, JEFF  
Address: 1423 SE 132ND LANE  
City-St-Zip: MICANOPY, FL 32667

Title: V ( ) Delete  
Name: HAWKINS, MARK  
Address: 13122 S. HWY 441  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S HAWKINS

VP

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date