## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J28081

Entity Name: HELLO FLORIDA, INC.

FILED Jan 05, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
324 W. GORE ST. ORLANDO, FL 32806 US		SUITE L-3		US		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
324 W. GC ORLANDO	DRE ST. D, FL 32806	US				
FEI Number	: 59-2731509	FEI Number Applied For()	FEI Number Not App	licable()	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of N	ew Registered Agent:	
1031 W M STE 160 WINTER F	HADLEY, P.A ORSE BLVD PARK, FL 327	89 US	urnana of changing	ite registered of	fice or registered agent or both	
	e named entity e of Florida.	submits this statement for the p	urpose or changing	its registered or	fice or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CD ( MEARS, PAUL 324 W GORE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CEO ( CARNS, CHAR 324 W GORE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BAKER, TIMO 324 W GORE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EVP ( SEARCY, ROE 324 W GORE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MEARS, JAME 324 W GORE ORLANDO, FL	ST	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DP () MEARS, PAUL S 324 W GORE S' ORLANDO, FL	TREET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY L. BAKER S 01/05/2005