2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
1. Éntity Nam				May 05, 2005 08 Secretary of S	:00 AM tate
HIGH LEC	CH INNOVATIONS, INC.			7	
Principal Plac	e of Business	Mailing Address			
4625 PANO HOLIDAY F	RAMA AVENUE L 34690	4625 PANORAMA AVI HOLIDAY FL 34690	ENUE		
0.00	Vaca (FDusinasa	La Mailing Address			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (1	0/04)
City & Stat	te	City & State		4. FEI Number 59-2791919	Applied For Not Applice
Z íp	Country	Zip	Country		3.75 Additional
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Age	
DW	YER, JAMES		Name		
203	8 GÚLFVIEW DRIVE LIDAY FL 34690		Street Addre	ss (P.O. Box Number is Not Acceptable)	<u></u>
			City	FL	Zip Code
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	for the purpose of changing its	s registered office or regi	stered agent, or both, in the State of Florida. I am fan	niliar with, and acce
8. The above	e namez entity submits this statement	to the purpose of criming its	- "		
the obliga	a name of entity submits this statement	ies I		5/1/	05
8. The above the obligated SIGNATURE	s names entity submits this statement statemen	er)	TE Registered Agent signature rec	gured when re-instaling) DATE	05
the obligated signature F	tions of registered agent.	ent and title d applicable (NOT		······································	\$5.00 May
the obligated signature F	Sandare, typed or printed name of registered by TILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Department	ent and title if applicable (NOT	TE Registered Agent signature rec	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Added to Fee
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Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF STOMING OFFICER OR DIRECTOR

SIGNATURE: