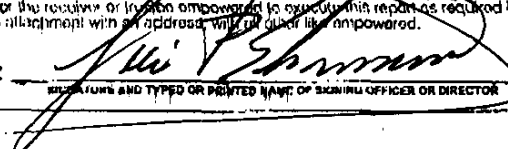


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 015 ***150.00

DOCUMENT # K09703			
1. Entity Name HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.			
Principal Place of Business 3059 GRAND AVE SUITE 340 MIAMI, FL 33133 US		Mailing Address 3059 GRAND AVE SUITE 340 MIAMI, FL 33133 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1805 Sand Dollar Way Suite, Apt. #, etc.	
City & State Vero Beach FL		4. FEI Number 59-1774581	
Zip 32963	Country U.S.A	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLIN, TERRANCE J 3059 GRAND AVE STE 340 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee 2 applicable. (NAME) Registered Agent signature required when not using (NAME))			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DPS ECHAVARRIA, LUIS F. ☐ Delete %TJ MULLEN, 3059 GRAND AVE #340 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DVT ECHAVARRIA, STELLA ☐ Delete %TJ MULLEN, 3059 GRAND AVE #340 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not comply for the exceptions 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 liquidator 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 or without the empowered.			
SIGNATURE: 		President	
Typed or Printed Name of Signing Officer or Director		Date	

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07242006 Chg-P CR2F034 (11/05)