


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # K12792 1. Entity Name FORTUNOFF'S-HEWLETT, INC.	
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Principal Place of Business % KALMAN GOLD 5166 NW 24 WAY BOCA RATON FL 33496	Mailing Address % KALMAN GOLD 5166 NW 24 WAY BOCA RATON FL 33496
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0029591	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLD, KALMAN 5166 NW 24 WAY BOCA RATON FL 33496	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City
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FL	Zip Code
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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	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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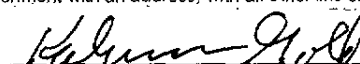
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete	NAME: GOLD, KALMAN STREET ADDRESS: 5166 NW 24 WAY CITY-ST-ZIP: BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete	NAME: SLOANE, ELAINE STREET ADDRESS: 5166 NW 24 WAY CITY-ST-ZIP: BOCA RATON FL
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: U00000326437 STREET ADDRESS: 04/23/05-80056-010 CITY-ST-ZIP: 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 	Date: 4/21/2005	Daytime Phone #: 561-987-0826
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