


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L77179 1. Entity Name HYGOLET DIRECT, INC.		
Principal Place of Business 349 SE 2ND AVE DEERFIELD BEACH, FL 33441 US		Mailing Address 349 SE 2ND AVE DEERFIELD BEACH, FL 33441 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARCIA, CARLOS 349 SE 2 AVE DEERFIELD BCH, FL 33441		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	STUCKI, ANDRE O.	
STREET ADDRESS	165 SE 18TH AVE	
CITY-ST-ZIP	DEERFIELD BCH, FL	
TITLE	EVP	
NAME	JORDAN, DOROTHY	
STREET ADDRESS	12-201 ROYAL PALM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: <i>D Jordan, EVP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>04/19/06</i> <i>954-481-8601</i> <small>Date Daytime Phone #</small>



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0201014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/06-80084-014 150.00

**DO NOT WRITE
IN THIS SPACE**