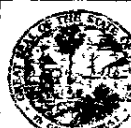


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000019130		
1. Entity Name HHKV, INC.		

Principal Place of Business 418 MIDWAY ISLAND CLEARWATER FL 33767	Mailing Address 418 MIDWAY ISLAND CLEARWATER FL 33767
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3625642	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VEGTE, BRUCE B 418 MIDWAY ISLAND CLEARWATER FL 33767
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	HAYES, ELIZABETH F			NAME			
STREET ADDRESS	418 MIDWAY ISLAND			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VEGTE, BRUCE V			NAME			
STREET ADDRESS	418 MIDWAY ISLAND			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	HAYES, PETER S.K.			NAME			
STREET ADDRESS	418 MIDWAY ISLAND			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	KNIGHT, CHRISTOPHER G			NAME			
STREET ADDRESS	3007 WEST BAY VILLA AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33611			CITY-ST-ZIP			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	HAYES, ELIZABETH "BETTE"			NAME			
STREET ADDRESS	418 MIDWAY ISLAND			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH FL 33767			CITY-ST-ZIP			
TITLE	DST	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VEGTE, BRUCE			NAME			
STREET ADDRESS	418 MIDWAY ISLAND			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH FL 33767			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bruce B. Vegte* **BRUCE B. VEGTE, Director, 4/7/06 727-442-4092**