2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

STITE # ADDRESS (P.O. Box Number is Not Acceptable) Strip at 504 MIAMI, FL 33156 1. City FL Zip Code 6. 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 Squature, typed or prized name of registered agent and title if appealable. INOTE, Registered Agent agent required when resulting DATE	DOCUMENT # P01000010232 1. Entity Name HEDWIG CORP.								03-23-2006	90006 01:	5 ***150).00
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SUZNAN, MARIO 9130 S. DADELAND BLVD SUITE #1504 6. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent or broth, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itamilar with, and accept the state of Florida. I am itamilar with, and accept the state of Florida. I am itamilar with, and accept the state of Florida. I am itamilar with, and accept the state of Florida. I am itamilar with, and accept the state of Florida. I am itamilar with and accept the state of Florida. I am itamilar with	Zip	Zip Country		 	Zip Cour		itry	1		\$		
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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 chapter 4 or on an attach of with an address, with all other life opposited.	12. I hereby	certify that th	e information supplied	with this I	iling does not qualify for	or the ex	emptions contain	ed in Chapter 11	9, Florida Statutes.	I further certif	fy that the in	nformation
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/2/06 Date

365-670-1991

Daytime Phone #