


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90155 044 ***150.00

DOCUMENT # P01000034482 1. Entity Name HHG I, INC.					
Principal Place of Business 6320 TRAIL BLVD NAPLES, FL 34108				Mailing Address 6320 TRAIL BLVD NAPLES, FL 34108	
2. Principal Place of Business 4224 W Henderson Blvd Suite, Apt. #, etc. Attn: Legal Dept City & State Tampa, FL Zip 33629 Country Hillsborough				3. Mailing Address 4224 W Henderson Blvd Suite, Apt. #, etc. Attn: Legal Dept City & State Tampa, FL Zip 33629 Country Hillsborough	
4. FEI Number 59-3707796				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HAINEY, R. REID 101 E KENNEDY BLVD SUITE 4100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Joseph C. Dominguez Street Address (P.O. Box Number is Not Acceptable) 4224 W Henderson Blvd City Tampa FL Zip Code 33629	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ROUSSEAU, JOHN A STREET ADDRESS 6320 TRAIL BLVD CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE P D NAME Henry C. Hardin, III STREET ADDRESS 1140 Old Peachtree Rd, #10, Atlanta, GA 30097 CITY-ST-ZIP Atlanta, GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TRES NAME KRASKA, KATE STREET ADDRESS 6320 TRAIL BLVD CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE S NAME Joseph C. Dominguez STREET ADDRESS 4224 W. Henderson Blvd CITY-ST-ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME KRASKA, SCOTT D STREET ADDRESS 6320 TRAIL BLVD CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8-3-258-0293 <small>Daytime Phone #</small>		

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