


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 027 ***150.00

DOCUMENT # P01000034913	
1. Entity Name H L I INC.	

Principal Place of Business 13485 BRACELONA CIRCLE DELRAY BEACH, FL 33446-3777	Mailing Address 13485 BRACELONA CIRCLE DELRAY BEACH, FL 33446-3777
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20043874



2. Principal Place of Business 13485 Barcelona Lake Circle Suite, Apt. #, etc.	3. Mailing Address 13485 Barcelona Lake Circle Suite, Apt. #, etc.
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01132006 Chg-P CR2E034 (11/05)

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33446-3777	Zip 33446-3777
Country	Country

4. FEI Number 65-1104915	Applied For <input type="checkbox"/> Not Applicable
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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 SENDIK, HERB 13485 BARCELONA LAKE CIRCLE DELRAY BEACH, FL 33446	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>[Signature]</i>	DATE 4/27/06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input type="checkbox"/> Delete	TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENDIK, HERB		NAME Sendik, Herb	
STREET ADDRESS 13485 BRACELONA CIRCLE		STREET ADDRESS 13485 Barcelona Lake Circle	
CITY-ST-ZIP DELRAY BEACH, FL 334463777		CITY-ST-ZIP Delray Beach, FL 33446-3777	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another name answered.	
SIGNATURE: <i>[Signature]</i>	DATE 4/27/06