

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 028 ***150.00

DOCUMENT # P01000044258 1. Entity Name HOURGLASS INVESTMENTS, INC.					
Principal Place of Business 3112 JUPITER PARK CIR. STE. 1 JUPITER, FL 33458			Mailing Address 3112 JUPITER PARK CIR. STE. 1 JUPITER, FL 33458		
2. Principal Place of Business 4114 CATALPHA AVE.		3. Mailing Address 4114 CATALPHA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm BEACH GARDENS FL		City & State Palm BEACH GARDENS FL		4. FEI Number 65-1098178	
Zip 33410		Country P.B.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33410		Country P.B.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAUCHER, STEVEN 3112 JUPITER PARK CIR. STE. 1 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name MICHAEL Grogan Street Address (P.O. Box Number is Not Acceptable) 4114 CATALPHA AVE City Palm BEACH GARDENS FL Zip Code 33410	
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 <u><i>Mike Grogan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>1/25/06</i></u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAUCHER, STEVEN 19 BUNKER PLACE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL Grogan 4114 CATALPHA AVE. PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROGAN, MICHAEL 4114 CATALPHA AVE. PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY Kristine Grogan 4114 CATALPHA AVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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: <u><i>Mike Grogan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>2/07/06</i></u> <small>Date</small>		
Daytime Phone #			Daytime Phone #		