2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90023 012 ***150.00

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01302006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000019559

1. Entity Name
HLT CONSULTING, INC.

Principal Place of Business	Mailing Address
260 BELINA DRIVE 708 NAPLES, FL 34104	260 BELINA DRIVE 708 NAPLES, FL 34104

2. Principal Place of Business	3. Mailing Address
7839 Regal Heron Cir	7839 Regal Heron Cir
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State Naples, FL	City & State Naples, FL
Zip 34104 Country	Zip 34104 Country

4. FEI Number 01-0616950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGHAMMER, HERMANN 260 BELINA DRIVE 708 NAPLES, FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) 7839 Regal Heron Circle 305 City Naples FL Zip Code 34104

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] PRESIDENT 01/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 LANGHAMMER, HERMANN 260 BELINA DRIVE NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hermann Langhammer 7839 Regal Heron Circle # 305 Naples, FL 34104	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTIG, TANJA 260 BELINA DRIVE NAPLES, FL 34104	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] President 239-877-2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hermann Langhammer