

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 012 ***150.00

DOCUMENT # P02000019559	
1. Entity Name HLT CONSULTING, INC.	

Principal Place of Business 260 BELINA DRIVE 708 NAPLES, FL 34104	Mailing Address 260 BELINA DRIVE 708 NAPLES, FL 34104
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2. Principal Place of Business 7839 Regal Heron Cir Suite, Apt. #, etc. 305	3. Mailing Address 7839 Regal Heron Cir Suite, Apt. #, etc. 305
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City & State Naples, FL	City & State Naples, FL
Zip 34104	Zip 34104
Country	Country

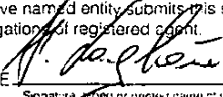
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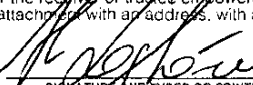
4. FEI Number 01-0616950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required --	

6. Name and Address of Current Registered Agent LANGHAMMER, HERMANN 260 BELINA DRIVE 708 NAPLES, FL 34104	
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7. Name and Address of New Registered Agent 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 typed or printed name of registered agent and title if applicable.	DATE 01/30/06 (NOTE: Registered Agent signature required when reinstating)

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
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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 ☒ Change ☐ Addition 7839 Regal Heron Circle # 305 Naples, FL 34104
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hermann Langhammer	Date 239-877-2456 Daytime Phone #