


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044188 1. Entity Name HEDGEHOG HEDGING, INC.	
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Principal Place of Business 2301 HWY 17 SOUTH BARTOW, FL 33830	Mailing Address 2301 HWY 17 SOUTH BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0590600	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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8. Name and Address of Current Registered Agent

**WILSON, THOMAS R
2301 HWY 17 SOUTH
BARTOW, FL 33830**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when resigning) 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	
TITLE	P
NAME	WILSON, THOMAS R
STREET ADDRESS	2301 HWY 17 S
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VP
NAME	ABBOTT, ROBERT
STREET ADDRESS	4060 SR 62
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000479552
04/10/06-80006-003 150.00

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 in an attachment with an address with all other like empowered.

SIGNATURE:  (Pres) 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #