


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000119333</b> 1. Entity Name <b>HALEAN CORPORATION</b>	
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Principal Place of Business <b>PO BOX 789 ZELLWOOD, FL 32789</b>	Mailing Address <b>PO BOX 789 ZELLWOOD, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2307964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**O'NEILL, BERNARD C JR.  
2699 LEE ROAD, SUITE 320  
WINTER PARK, FL 32789**

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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 reinstating)  
Signature: typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WILSON, BARRY PO BOX 789 ZELLWOOD, FL 32798</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WILSON, LINDA PO BOX 789 ZELLWOOD, FL 32793</b>
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05/17/06-80020-018 150.00

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 on an attachment with an address, with all other like empowered.

**SIGNATURE: *[Signature]***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/06 407/880-2546**  
Date Daytime Phone