2006 FOR PROFIT CORPORATION-ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

DOCUMENT # P03000014065 1. Entity Name HPW CONSULTANTS, INC.						01-10-2006	_	1 ***150	0.00
Principal Place	of Business	Mailing Address			1				
1009 ROSETREE LANE		PO BOX 118							
TARPON SPRINGS, FL 34689		TARPON SPRINGS, FL 34688							
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2. Principal Place of Business		3. Mailing Address		-					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State		4. FEI Number			IAn	plied For	
City & State		City & State			55-0818	301			t Applicable
Zip	Country	Zip Coun		try			8.75 Add	itiona!	
							- F	ee Required	1
Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New R	egistered Ag	gent	
WOLLINKA, DAVID J			,						
2312 US HWY 19			Street Address (P.O. Box Number is Not Acceptable)						
HOLIDAY, FL 34690									
	•			0:				7	
			City			FL	Zip Code	•	
	named entity submits this statement to ons of registered agent.	for the purpose of changing its	s registere	ed office or registe	red agent, or both,	in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and trile if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
FILE	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550	9. Election Campa			.00 May Be led to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI			
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1 1			-ST-ZIP						
TITLE		☐ Delete	TITLE	:				☐ Change	☐ Addition
NAME	NAM			E				_ •	
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12. I nereby 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 of 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 727-858-20P.