2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2007 08:00 AM DOCUMENT # P03000024515 **Secretary of State** 1. Entity Name HENLO INC. Principal Place of Business Mailing Address **6866 MILANI STREET 6866 MILANI STREET** LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 06012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0053046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUCE, SANDRA L DO NOT WRITE 6866 MILANI STREET LAKE WORTH, FL 33467 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 rainstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE BRUCE, WILLIAM H NAME STREET ADDRESS **6866 MILANI STREET** U00000765942 CITY-ST-ZIP LAKE WORTH, FL 33467 06/06/07-80001-010 150.00 TITLE BRUCE, SANDRA L NAME STREET ADDRESS 6866 MILANI STREET CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

changed, or on an attachment with an addition

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAMÉ STREET ADDRESS

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