2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000085197 1. Entity Name HINSDALE ENTERPRISES INC Principal Place of Business Mailing Address 869 BETHANY CT 869 BETHANY CT FORT MYERS, FL 33919 US FORT MYERS, FL 33919 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>20-0</u>128646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICE INC DO NOT WRITE 11220 METRO PARKWAY #3 FORT MYERS, FL 33912 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) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HINSDALE, PAULETTE U0000031**48**19 NAME 04/19/05-80008-U24 150.00 STREET ADORESS 869 BETHANY CT FORT MYERS, FL 33919 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath, 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.

PAULETTE HINSDALE

Lancetto Sprada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/15/05,

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Daytime Phone a

FILED