2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM **DOCUMENT # P03000140489 Secretary of State** 1. Entity Name PAUL HUNT INC. Mailing Address Principal Place of Business 18544 11TH AVENUE 18544 11TH AVENUE ORLANDO, FL 32833 ORLANDO, FL 32833 01262005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0452647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HUNT, PAUL 18544 11TH AVENUE ORLANDO, FL 32833 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, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when relinstating) DATE 1100000206224 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 01/31/05-80075-021 150.00 10. OFFICERS AND DIRECTORS TITLE HUNT, PAUL NAME 18544 11TH AVENUE STREET ADDRESS ORLANDO, FL 32833 CITY-ST-ZIP TITLE HUNT, CARRIE NAME 18544 11TH AVENUE STREET ADDRESS CITY-ST-ZIE ORLANDO, FL 32833 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; that I am an officer or director of the corporation of 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone & Dayling Phone &