


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 036 ***150.00

DOCUMENT # P03000157503 1. Entity Name DARWIN HINTHORN, INC.					
Principal Place of Business 68 QUAIL CT 23 Swift Pass CRAWFORDVILLE, FL 32327				Mailing Address 68 QUAIL CT 23 Swift Pass CRAWFORDVILLE, FL 32327	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 20-0526214				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINTHORN, DARWIN W #68 QUAIL COURT 23 Swift Pass CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Lisa Hinthorn</i></u> DATE <u>2-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINTHORN, DARWIN		NAME		
STREET ADDRESS	68 QUAIL CT 23 Swift Pass		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINTHORN, LISA		NAME		
STREET ADDRESS	68 QUAIL CT 23 Swift Pass		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOUCHARD, ROBERT		NAME		
STREET ADDRESS	P. O. BOX 886		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAITS, JOEY K		NAME		
STREET ADDRESS	2 DESTINY LANE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u><i>Lisa Hinthorn</i></u> <u><i>Lisa Hinthorn</i></u> <u>2-20-06</u> <u>850-926-2368</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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