2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008121

FILED Jan 18, 2005 Secretary of State

Entity Nam	ne: HL GOLE	DING CO.					
Current Principal Place of Business:				New Principal Place of Business:			
222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401				525 S. FLAGLER SUITE 200 WEST PALM BEACH, FL 33401			
Current Mailing Address:				New Mailing Address:			
222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401				525 S. FLAGLER SUITE 200 WEST PALM BEACH, FL 33401			
FEI Number:	52-2438654	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
KLEIN, SHERYL G 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401 US				KLEIN, SHERYL G 525 S. FLAGLER SUITE200 WEST PALM BEACH, FL 33401 US			
The above in the State		submits this statement for the pu	urpose o	f changing it	s registered of	fice or registered agent, or	both,
SIGNATURE:				01/18/2005			
Election Cam		iic Signature of Registered Ager g Trust Fund Contribution ().	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KLEIN, SHERY 222 LAKEVIEW	Delete L G / AVENUE SUITE 260 EACH, FL 33401		Title: Name: Address: City-St-Zip:	D (X) KLEIN, SHERYL 525 S. FLAGLEF WEST PALM BE	RSUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	PRES () GOLDING, HARI 361 CRESCENT PALM BEACH, F	DR	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () FAGAN, STEPHI 361 CRESCENT PALM BEACH, F	DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET GOLDING **PRES** 01/18/2005