2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024322

Entity Name: HUTCHINSON ISLAND 45. INC

FILED Apr 29, 2005 Secretary of State

Entity Name: F		SON ISLAND 45, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
7602 MARBLEHEAD LANE PARKLAND, FL 33067				1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431			
Current Mailing Address:				New Mailing Address:			
7602 MARBLEHI PARKLAND, FL		E		SUITE 200	19TH STREET) TON, FL 3343		
FEI Number: 20-0942243 FEI Number Applied For ()			FEI Nur	nber Not App	licable ()	Certificate of Status Desi	red (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ARMOUR, ALAN 1645 PALM BEA W PALM BEACH	CH LAKE	S BLVD STE 1200 01 US					
The above name in the State of Flo		ubmits this statement for the p	ourpose c	of changing i	its registered o	office or registered agen	t, or both,
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
Election Campaign	Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	P (FALCONE, AR' 1951 NW 19TH BOCA RATON,	STREET	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (FALCONE, ED' 1951 NW 19TH BOCA RATON,	H STREET	

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: ARTHUR FALCONE P 04/29/2005