2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P04000049130 HUNNEWELL ENTERPRISES, INC. Principal Place of Business Mailing Address 204 E. MLK BLVD 204 E. MLK BLVD TAMPA, FL 33603 TAMPA, FL 33603 01042006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0877300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUNNEWELL, DANIEL JR. DO NOT WRITE 204 E. MLK BLVD **TAMPA, FL 33603** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HUNNEWELLL, DANIEL JR. STREET ADDRESS 204 E. MLK BLVD TAMPA, FL 33603 CITY-ST-ZIP TITLE NAME U0000540049 STREET ADDRESS 05/10/06-80002-002 158.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME # SKYLING OFFICER OR DIRECTOR

4/20/04

813-234-2264