


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000089874
 1. Entity Name
 H P ENTERPRISES USA, INC.



Principal Place of Business Mailing Address
 2471 N MCMULLEN BOOTH RD SUITE 9 2471 N MCMULLEN BOOTH RD SUITE 9
 CLEARWATER, FL 33759 US CLEARWATER, FL 33759 US

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CRZE034 (11/05)
 4. FEI Number Applied For
 20-1606394 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOLLAND, GRAHAM
 2471 N. MCMULLEN BOOTH RD. #9
 CLEARWATER, FL 33759

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000457001
 03/16/06 80053-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	HOLLAND, GRAHAM I
STREET ADDRESS	3101 COVENTRY EAST
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VPD
NAME	PYN, GARY
STREET ADDRESS	3101 COVENTRY EAST
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: G. Holland 3/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #