2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

DOCUMENT # P04000109186 1. Entity Name HYPOCHLOR, INC.								01-21-2005 90059 034 ***150.00			
Principal Place of Business Mailing Address 20128 SARACENO DR ESTERO, FL 33928 ESTERO, FL 33928						्रिक्ष पुरुष है। १९५४ - इस्तारक	·		50 50		8
2. Principal P	flace of Busini	ess	3.	Mailing Address	·γλ.=	OAKSB					
Suite, Apt. #, etc.				2035/BRANDS OAR Suite, Apt. #, etc. #//8-50			01052005	Chg-P	CR2E0	34 (10/03)	
City & State				City & State Z S7 ≡ R o	<i>5</i> _/		4. FEI Numbe	141158	9		oplied For ot Applicable
Zip	Country			Zip Cour 33928 Cour		try		ol Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Cu					7. Name and	Address of New	Registered /	Agent	
ZINN DAV	/ID M	market to the second se				Name					
ZINN, DAVID M 2514 HOLLYWOOD BLVD STE 508						Street Addres	ss (P.O. Box Numbe	r is Not Acceptab	le)		
HOLLYWO	OOD, FL 3	33020									
						City			FL	Zip Cod	le
	named entity tions of registe		nent for the p	purpose of changing its	register	ed office or regi	istered agent, or bot	h, in the State of F	lorida. I am i	familiar with,	and accept
SIGNATURE_	Signature broads	or printed name of registere	d agent and blic	TOTAL Aldreiton II.	E. Porustara	Accept pictoritus coo	u stord when saintisting)		DATE		
1.6.6.7	Signature, typeu t	or printed hame or registere	a agent and the	ii application (NO)	E: Megistere	ci Agent signatore requ	ured when reinstating)	· · · · · · · · · ·	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1 2005 Fee will be \$550.00 Trust Fund Contrib							\$5.00 May Be				
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or suppliedmental the port 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 for on an attachment with an address, with all extensive empowered.

SIGNATURE: JAMES W BESS 1-6-05 305-987-9780