2006 FOR PROFIT CORPORATION **ANNUAL REPORT FILED** ... DOCUMENT # P04000116181 Apr 14, 2006 08:00 AN Secretary of State 1. Egrity Name HCHO, INC. Principal Place of Business Mailing Address 600 PARKVIEW DRIVE, #205 600 PARKVIEW DRIVE, #205 HALLANDALE, FL 33009 HALLANDALE, FL 33009 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number 20-1476276 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUERBACH, JAY E DO NOT WRITE 2338 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE WEISLER, DENISE NAME STREET ADDRESS 600 PARKVIEW DRIVE, #205 U00000509400 CITY-ST-ZIP HALLANDALE, FL 33009 04/28/06-80043-016 150.00 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 attachme with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-7IP

OFFICER OR DIRECTOR

Applied For

Not Applicab