2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 FOR PROFIT CORPORATION ANNUAL REPORT						FILED RETARY OF S	TATE	:	
1. Entity Name	//ENT # P04000119 Hings, Inc.	9581			1 (ON OF CORPOR 04-20-2005 90 AY 13 AM	324 031	***158.75	· ·
Principal Place of Business PO BOX 272057 BOCA RATON, FL 33427 US		Mailing Address PO BOX 272057 BOCA RATON, FL 33427 US		s			500	39420	
2. Principal Pla	ace of Business W 200 AVE	3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		04092005	Chg-P	CR2E	034 (10/03)		
City & State	RATON FL	City & State			4. FEI Numbe	6000	19		plied For Applicable
3348	7 Country	Zip	Coun	atry		of Status Desired	X	\$8.75 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	legistered	Agent	. ^ 2/2
	AROL IISH RIVER ROAD ON, FL 33432			L ,	(P.O. Box Number	er is Not Acceptabl	CH L	# 20 HOT 1	OKD
9 The shove	named entity submits this statement le	or the purpose of changing its	- racinto	City Co CC	ATATO	th in the State of El	FI	<u> </u>	701.
	ons of registered agent.	or the purpose of changing its	s regisier	ed unice or registe	ered agent, or do	in, in the State of Fi	onua. Tam	i familiar with,	апо ассері
SIGNATURE	September 1 ported name of repetered ligare	and state discounts (NOT	TE Acquisiere	od Agent signesure recy	d when revisions)	4	- 15 ATE	-05	
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	ICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPS PURDY, CAROL 2706 SPANISH RIVER ROA D BOCA RATON, EL 33432	C) Delete	- 1	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUEDY CAROL BUEDY CAROL 6461 NW ZND BOCARATON, F	100 # 501 23487						☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delizite	4					☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		I				Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Additio
indicated of the co	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em, or on an attack ment with an address URE:	is true and accurate and that powered to execute this report	my sign: nt as requ d.	ature shall have th ired by Chapter 6	e same legal elle	ct as it made under	oath; that	I am an officer	or director