2006 FOR PROFIT CORPORATION

SIGNATURÉ:丛

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** 02-13-2006 90044 039 ***150.00 **DOCUMENT # P04000146997** HUGHES CONSULTING GROUP, INC. Principal Place of Business Mailing Address 4205 PRESIDENTIAL AVENUE CIRCLE EAST 5227 14TH STREET WEST BRADENTON, FL 34207 BRADENTON, FL 34203 3. Mailing Address 2335 J 63 PPAre EAST 2. Principal Place of Business 748 INDEPENDENCE Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-P CR2E034 (11/05) SUITE F-City & State BRADENTO City & State 4. FEI Number Applied For FL. SALASOTA 20-1798582 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34203 MANATRE SALASOTA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HECKMAN, DONALD H Street Address (P.O. Box Number is Not Acceptable) 5227 14TH STREET WEST BRADENTON, FL 34207 BRADENTON Zip Code 3 4 2 0 3 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. onal (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition HUGHES, SANDRA NAME NAME 4205 PRESIDENTIAL AVENUE CIRCLE EAST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-7IP CITY-ST-7/P Change ☐ Addition Delete TITLE TITLE ATKINSON, LORI NAME NAME 8821 MANOR LOOP - #108 4205 PRESIDENTIAL AVENUE CIRCLE EAST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP BRADENON, FL. 34802 CITY-ST-ZIP ☐ Change THLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 applicase, with all other like empowered.

PROSIDENT X

Daytime Phone #

FILED