## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000153777  1. Entity Name HEADLIGHT MEDIC, INC.						FILED 06 JUL 12 AM 9: 19				
Principal Place of Business Mailing Address				L			S.Jin TALLA	LIARY OF HASSEE,	STATE	- -
3221 ELLINGTON WAY NEW PT RICHEY, FL 34655 NEW PT RICHEY, FL 3465							·		LEAVID	A
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07102006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State				4. FEI Numb				oplied For
Ziṗ̀	Country	Zip	Cour	ntry			e of Status Desired		8.75 Add	
6. Name and Address of Current Registered Agent			1	7. Name and Address of New Registered Agent Name						
PAGANO, MICHAEL III 3221 ELLINGTON WAY				Street Address (P.O. Box Number is Not Acceptable)						
	HEY, FL 34655		Success Address (F.O. BOX Multiple) is Not Acceptable)							
				City				FL	Zip Cod	e
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										
Signature, typed or printed name oil registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND	·····	11.			ADDITIONS	/CHANGES TO OF			
	GANO, MICHAEL III	☐ Delete	TITL NAM			Гu	יכבטטט ישראט		Change	Addition
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ILIE	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	☐ Defete	TITL	E .	_/ <u>\</u> 2	glm H	ar Dir, F	2 370	☐ Change	☐ Addition
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NAME STREET ADDRESS			NAM Stre	ET ADDRESS						
CITY-ST-ZIP	v that the information supplied with	this filing does not explify to	or the ev	-ST-ZIP	ntained	Lin Chanter 14	9 Florido Crotido-	I further seed	u that the '-	oformatio-
12. I hereby certify that the information supplied with this filing does not equalify 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 accurage 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: Michael AGANO III, ALS 7/10/06 (767)858-DJ84										