


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90295 012 ***158.75

DOCUMENT # P04000158178	
1. Entity Name THE HINE GROUP, INC.	

Principal Place of Business 19 MAUREEN DR MOUNT SINAI, NY 11766	Mailing Address 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1906678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

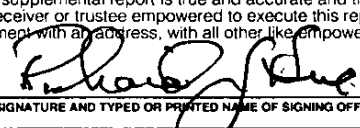
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HINE, RICHARD J 19 MAUREEN DR MOUNT SINAI, NY 11766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINE, RICHARD J 19 MAUREEN DR MOUNT SINAI, NY 11766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:  **1/31/06 540-432-1815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60028423
#PD04000158178



WOODWARD, PIRES & LOMBARDO, P.A.

A t t o r n e y s - A t - L a w

April 7, 2006

CRAIG R. WOODWARD ●
MARK J. WOODWARD
ANTHONY P. PIRES, JR. ■
J. CHRISTOPHER LOMBARDO
STEVEN V. BLOUNT
CARRIE E. LADEMAN

CARLO F. ZAMPOGNA
JENNIFER L. SZYMANSKI

- (Board Certified Real Estate Attorney)
- (Board Certified City, County and Local Government Attorney)

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314


Re: The Hine Group, Inc.

To Whom It May Concern:

Enclosed for filing please find the original 2006 Annual Report for the above referenced company and a check in the amount of \$158.75 for the filing fee and Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,


Nicole Turley
Assistant to Carrie E. Lademan, Esq.

\nmt
Enclosures

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