2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021356

LILLOF DDE MOD INO

Name:

Address:

RIDER, CECILE E

City-St-Zip: JACKSONVILLE, FL 32224

11655 CENTRAL PARKWAY, SUITE 302

FILED Feb 28, 2006 Secretary of State

Entity Nai	me: HLIOFE	REVARD, INC.			
Current P	rincipal Place	e of Business:	New Principal Pla	ace of Business:	
	ST HIBISCUS E RNE, FL 3209				
Current M	lailing Addres	ss:	New Mailing Add	ress:	
	BT HIBISCUS E RNE, FL 3209				
FEI Number:	: 20-2328638	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
1682 WES	UGH M JR. ST HIBISCUS E RNE, FL 3290				
	named entity of Florida.	submits this statement for th	e purpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered .	Agent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EVANS, ARTHU	BISCUS BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVANS, HUGH	BISCUS BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KENNEDY, EL	BISCUS BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JELUS, TIMOT	BISCUS BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title: VP	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RIDER, CECILE E

1670 ATLANTIC BOULEVARD

JACKSONVILLE, FL 32207

SIGNATURE: HUGH M. EVANS, JR. VΡ 02/28/2006