2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 22, 2006 08:00 Al Secretary of State DOCUMENT # P05000054716 1. Entity Name H. HOPKIN SERVICES, INC. Principal Place of Business Mailing Address 45 SUGARSANDLANE, SUTTEA 45 SUGARSANDLANE SUTEA SEAGRONE BEACH, FL. 32459 SEAGRONE BEACH, FL. 32459 02202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2780694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIEGLER, JAMES DO NOT WRITE FJR BUSINESS SERVICES, INC. 9002 SOUTHWEST 152ND STREET IN THIS SPACE MIAMI, FL 33157 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, lypsed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1100000477044 04/06/06-80035-019 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE HOPKIN, HAROLD W JR. NAME STREET AUDRESS 6 DOLPHIN AVENUE CITY-ST-ZIP ORMOND BEACH, FL 32176 TITLE STREET ADDRESS CITY-ST-ZIP

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 preport 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 all address, with all other the empty great.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

FICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE