2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secrétary of State **DOCUMENT # P05000067846** 07-11-2006 90027 004 ***150.00 1. Entity Name HAUCA CORPORATION Principal Place of Business Mailing Address 15132 PRINCEWOOD LANE 15132 PRINCEWOOD LANE LAND O'LAKES, FL 34638 LAND O'LAKES, FL 34638 US 2. Principal Place of Business 3. Mailing Address 15132 Princewall 100 MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 203136989 Not Applicable SAFETU haroor LAND LAKES Country \$8.75 Additional 5. Certificate of Status Desired 34638 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAUCA, CONRAD Street Address (P.O. Box Number is Not Acceptable) 15132 PRINCEWOOD LANE LAND O'LAKES, FL 34638 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. Tura (NOTE: Recistrated Agent signature required when registating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PVD ☐ Chance ☐ Addition ☐ Delete TITLE TITLE HAUCA, CONRAD NAME NAME 15132 PRINCEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES, FL 34638 Secretary Devise Hauce 15132 Private Poor Los Addition ST Delete TITLE Change TITE F HAUCA, CONRAD NAME NAME STREET ADDRESS 15132 PRINCEWOOD LANE STREET ADDRESS CITY-ST-ZIP LAND O'LAKES, PL 34637 CITY-ST-ZP LAND O'LAKES, FL 34638 ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete mie TITZ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

O TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 11, 2006 8:00 am