


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 023 ***158.75

DOCUMENT # P05000166242		
1. Entity Name RALPH M HINE INC.		

Principal Place of Business 12950 RIVER RD. MYAKKA CITY, FL 34251	Mailing Address 12950 RIVER RD. MYAKKA CITY, FL 34251
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50014454



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1761099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HINE, MARIA O 12950 RIVER RD. MYAKKA CITY, FL 34251	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINE, RALPH M			NAME			
STREET ADDRESS	12950 RIVER RD.			STREET ADDRESS			
CITY-ST-ZIP	MYAKKA CITY, FL 34251			CITY-ST-ZIP			
TITLE	VPST	<input type="checkbox"/> Delete		TITLE	P/T/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINE, MARIA O			NAME	HINE, MARIA O		
STREET ADDRESS	12950 RIVER RD.			STREET ADDRESS	12950 RIVER RD.		
CITY-ST-ZIP	MYAKKA CITY, FL 34251			CITY-ST-ZIP	MYAKKA CITY, FL 34251		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINE, MARIA O			NAME			
STREET ADDRESS	12950 RIVER RD.			STREET ADDRESS			
CITY-ST-ZIP	MYAKKA CITY, FL 34251			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	SANCHEZ, MICHAEL R.		
STREET ADDRESS				STREET ADDRESS	12950 RIVER RD.		
CITY-ST-ZIP				CITY-ST-ZIP	MYAKKA CITY, FL 34251		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE: Maria O. Hine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA O. HINE 4/18/06 941-928-2000
PRESIDENT Date Daytime Phone #