


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90432 047 ***150.00

| | | | | |
|--|---------------------------|---|---|---|
| DOCUMENT # P06000144357 | | | |  |
| 1. Entity Name HTLC INC. | | | | |
| Principal Place of Business 212 GAZETTA WAY WEST PALM BEACH, FL 33413 US | | Mailing Address 212 GAZETTA WAY WEST PALM BEACH, FL 33413 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 04032007 Chg-P CR2E034 (12/06) Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent THOMAS, EDWARD D 212 GAZETTA WAY WEST PALM BEACH, FL 33413 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P/D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, EDWARD D | | NAME | |
| STREET ADDRESS | 212 GAZETTA WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33413 | | CITY-ST-ZIP | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALEXANDER, IKE | | NAME | |
| STREET ADDRESS | 212 GAZETTA WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33413 | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, LAKIESHA C | | NAME | |
| STREET ADDRESS | 212 GAZETTA WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33413 | | CITY-ST-ZIP | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, DIANE | | NAME | |
| STREET ADDRESS | 212 GAZETTA WAY | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33413 | | 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 | |
| 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: <i>Lakiesha C. Thomas</i> | | SIGNATURE: <i>Lakiesha C. Thomas</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | | Date: <i>4/30/07</i> | | Daytime Phone #: <i>561 228-1155</i> |