


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P16984
1. Entity Name
HYNES INC.



Principal Place of Business 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE, NC 28211	Mailing Address 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE, NC 28211
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0506777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, HENRY C III 3729 COREY PL NW WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, JOHN E. 3105 FOXRIDGE ROAD CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS THREATT, DIANE C 417 AMANDA DR MATTHEWS, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SELF, GAIL 5067 DAFFODIL LANE CONCORD, NC 28025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASP, MICHAEL E 4608 AVE LONGCHAMPS LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELINAS, PHILIP A 9 MICHAEL WAY ACUSHNET, MA 02743

1100000323888
04/22/05-80071-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Philip A. Gelin 4/6/05 704-365-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #