2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DOCUMENT # P93000001091 06 MAR -8 AM 11:33 HAEUSLER ENTERPRISES, INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 210 HWY 98 E P.O. BOX 5111 **SLIP 313** DESTIN, FL 32540 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address 210 HARBOR BOULEVARD 505 MOUNTAIN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 Chg-P CR2E034 (11/05) Suite L City & State City & State 4. FEI Number Applied For PL Destin, FL DESIN 59-3161301 Not Applicable 32<u>541</u> Zip 32541 Country \$8.75 Additional 5. Certificate of Status Desired ÚSA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stephen C. Regan, President HAEUSLER, STEVEN R Street Address (P.O. Box Number is Not Acceptable)
225 Address Place 339 STAHLMAN AVE DESTIN, FL 32541 City Crestview Zip Cod 33536 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 STEPHEN C. REGAN, PRESIDENT SIGNATURE 2 , typed or printed name of register of agent and title if applicable \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT/DIRECTOR Delete Change Addition | TITLE TITLE STEPHEN C. REGAN HAEUSLER, STEVEN R NAME NAME 225 ADDISON PLACE STREET ADDRESS 339 STAHLMAN AVE. STREET ADDRESS CRESTVIEW, FL 32536 DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT/DIRECTOR TITLE ☐ Delete TITLE ☐ Change **Addition** MICHAEL B. REGAN, SR. NAME NAME STREET ADORESS STREET ADDRESS 318 SNAPPER DRIVE DESTIN, FL 32541-2212 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 500067978025 STREET ADDRESS STREET ADDRESS 03/16/06--01021--028 **70.90 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

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CITY-ST-ZIP

Change

☐ Addition

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: Stephen C. REGAN	3/1/06	850-259-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #