

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90008 011 \*\*\*150.00

<b>DOCUMENT # P95000029865</b>					
<b>1. Entity Name</b> HIS PROPERTIES, INC.					
<b>Principal Place of Business</b> 542 SW KEATS AVE PALM CITY, FL 34990			<b>Mailing Address</b> 542 SW KEATS AVE PALM CITY, FL 34990 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0595344	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WALKER, BRYANT H 542 SW KEATS AVE. PALM CITY, FL 34990			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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</b>  SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> WALKER, BRYANT <b>STREET ADDRESS</b> 542 SW KEATS AVE <b>CITY-ST-ZIP</b> PALM CITY, FL 34990	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WALKER, LORRY <b>STREET ADDRESS</b> 542 SW KEATS AVE <b>CITY-ST-ZIP</b> PALM CITY, FL 34990	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> HARTMAN, REBECCA M <b>STREET ADDRESS</b> 813 S.E. RIVER CT. DR. <b>CITY-ST-ZIP</b> PALM CITY, FL 34990	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> HARTMAN, REBECCA M <b>STREET ADDRESS</b> 12160 SW KEATING DR <b>CITY-ST-ZIP</b> FT SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> HARTMAN, ERIC <b>STREET ADDRESS</b> 813 SE RIVER CT DR <b>CITY-ST-ZIP</b> PALM CITY, FL 34990	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> HARTMAN, ERIC <b>STREET ADDRESS</b> 12160 SW KEATING DR <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bryant Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/4/06 772.283-3480 <small>Date Daytime Phone #</small>		