


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000021698</b> 1. Entity Name <b>HOOPER ENGINEERING, INC.</b>					
Principal Place of Business <b>8125 25TH COURT EAST SARASOTA, FL 34243</b>			Mailing Address <b>8125 25TH COURT EAST SARASOTA, FL 34243</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HARLFINGER, HEIDI 8125 25TH COURT EAST SARASOTA, FL 34243</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD		TITLE		
NAME	VOGEL, LINDA		NAME		
STREET ADDRESS	117 EASTMAN ST		STREET ADDRESS		
CITY-ST-ZIP	EASTON, MA 02375		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	HARLFINGER, HEIDI		NAME		
STREET ADDRESS	117 EASTMAN ST		STREET ADDRESS		
CITY-ST-ZIP	EASTON, MA 02375		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	HARLFINGER, CHARLES E		NAME		
STREET ADDRESS	117 EASTMAN ST		STREET ADDRESS		
CITY-ST-ZIP	EASTON, MA 02375		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7-25-05</b> Daytime Phone #: <b>941-355-5808</b>		



06282005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0649827** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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08/15/05-80008-005 150.00