## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P96000048502 Apr 20, 2006 08:00 AN 1. Entity Name **Secretary of State** HAYMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1200 MARINE WAY 1200 MARINE WAY B705 B705 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0691059 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAYMAN, RICHARD DO NOT WRITE 1200 MARINE WAY #B705 NORTH PALM BEACH, FL 33408 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME HAYMAN, RICHARD 1200 MARINE WAY #B705 STREET ADDRESS U000000521531 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 05/02/06-80140-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

AGAITURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

4-15-06

(561) 630-1823

Daytime Phone