2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P97000054556

Entity Name: HEXAGON INTERNATIONAL, INC.

Current Principal Place of Business:

6205 LAKE WILSON RD
SUITE C
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 736
LOUGHMAN, FL 33837 US

New Mailing Address:

8297 CHAMPIONS GATE BLVD
#200
CHAMPIONS GATE, FL 33896 US

FEI Number: 59-3453445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LE-HELLEY, BERTRAND
543 PINE LAKE VIEW DR
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

LE HELLEY, BERTRAND
8297 CHAMPIONS GATE BLVD
#200
CHAMPIONS GATE, FL 33896 US

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.

SIGNATURE: BERTRAND LE HELLEY 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: LE HELLEY, BERTRAND
Address: 543 PINE LAKE VIEW DR
City-St-Zip: DAVENPORT, FL 33837

Title: VT ( ) Delete
Name: LE HELLEY, LARISSA
Address: 543 PINE LAKE VIEW DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: LE HELLEY, BERTRAND
Address: 8297 CHAMPIONS GATE BLVD #200
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: VT (X) Change ( ) Addition
Name: LE HELLEY, LARISSA
Address: 8297 CHAMPIONS GATE BLVD #200
City-St-Zip: CHAMPIONS GATE, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTRAND LE HELLEY P 04/30/2005
Electronic Signature of Signing Officer or Director Date