2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 8:00 am Secretary of State DOCUMENT # P97000074863 03-20-2006 90008 014 ***150.00 HSGS, INC. Principal Place of Business Mailing Address 7777 GLADES ROAD 7777 GLADES ROAD SHITE 201 **SUITE 201** BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State Not Applicable 38-3369004 Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHMIER, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD SUITE 201 BOCA RATON, FL 33434 Zip Code 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered opent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition HILE schmier, Jeffrey SCHNIPR, JEFFREY NAME NAME STREET ADDRESS 7777 GLADES ROAD STE 201 STREET ADDRESS City-St-ZIP CITY - S1 - ZIP BOCA RATON, FL 33434 Change ☐ Addition De lete TITLE CROWE, MELISSA NAME NAME STREET ADDRESS 7777 GLADES ROAD, SUITE 201 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CHIV. ST. ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change Addition ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change Addition ☐ Delete THEF NAME NAME STREET ADDRESS 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. melissa crowes

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED