


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90143 005 \*\*\*150.00

DOCUMENT # P97000108516			
1. Entity Name H & H ANTIQUE ENTERPRISES, INC.			
Principal Place of Business P O BOX 243556 LAKE WORTH, FL 33460		Mailing Address P O BOX 243556 LAKE WORTH, FL 33460	
2. Principal Place of Business P.O. BOX 243556		3. Mailing Address P.O. BOX 243556	
Suite, Apt. #, etc. BOYNTON BEACH,		Suite, Apt. #, etc. BOYNTON BEACH	
City & State FLORIDA		City & State FLORIDA	
Zip 33424-3556	Country	Zip 33424-3556	Country
6. Name and Address of Current Registered Agent MOE, RODERICK C 101 NORTH J STREET, STE 2 LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name MOE, RODERICK C. Street Address (P.O. Box Number is Not Acceptable) 3199 LAKE WORTH ROAD SUITE B-3 City LAKE WORTH FL Zip Code 33461	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HANSON, KENNETH G 2363 SW CRANBROOK DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HANSON, SANDRA M 2563 SW CRANBROOK DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <u><i>Kenneth G. Hanson</i></u>		APRIL 12, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	