

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001025

FILED
Jan 03, 2006
Secretary of State

Entity Name: HENDRICKS ORTHOTIC PROSTHETIC ENTERPRISES, INC.

Current Principal Place of Business:

6439 MILNER BLVD. SUITE 6
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6439 MILNER BLVD. SUITE 6
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3485670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICKS, DAVID
11585 BLACKMOOR DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRICKS, DAVID
Address: 14523 QUAIL TRAIL CIRCLE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: HENDRICKS, DAVID J CEO
Address: 11585 BLACKMOOR DRIVE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID HENDRICKS

CEO

01/03/2006

Electronic Signature of Signing Officer or Director

Date