



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90057 035 ***150.00

DOCUMENT # P98000002532 1. Entity Name TWO HUTS, INC.																													
Principal Place of Business 1620 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228			Mailing Address % STEPHEN J. MITCHELL, ESQ. 201 N FRANKLIN ST STE 2100 TAMPA, FL 33602																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1620 Gulf of Mexico Dr.</i> Suite, Apt. #, etc.																											
City & State Longboat Key, FL		4. FEI Number 65-0809841		Applied For <input type="checkbox"/> Not Applicable																									
Zip 34228		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KLAUBER, MURRAY J 1602 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 <i>Murray J. Klauber</i> DATE <i>2/14/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>KLAUBER, MURRAY J DR.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1620 GULF OF MEXICO DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	KLAUBER, MURRAY J DR.	<input type="checkbox"/>	STREET ADDRESS	1620 GULF OF MEXICO DR.		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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 so empowered.																													
SIGNATURE: <i>Murray J. Klauber</i> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													