


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		3. Mailing Address <i>1620 Gulf of Mexico Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Longboat Key, FL</i>	
Zip	Country	Zip	Country
<i>34228</i>		<i>34228</i>	<i>Sarasota</i>
4. FEI Number 65-0809841		Applied For <input type="checkbox"/> Not Applicable	
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>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPST KLAUBER, MURRAY J DR. 1620 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 signatures.			
SIGNATURE: <i>Murray J. Klauber</i>		Date	
Signature and typed or printed name of signing officer or director		Daytime Phone #	