2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 10, 2006 8:00 am Secretary of State DOCUMENT # P98000013475 1. Entity Name 05-10-2006 90223 001 ***150.00 HARRY HENRY HANN, INC. 05-10-2006 90223 002 *****8.75 Principal Place NBuSness THIS Mailing Address 5334 CENTRAL FLORIDA # 309XXXX 10711 SW 104 STREET MIAMI FL 33176 ORLANDO FL 92821 2. Principal Place of Business 3. Mailing Address 8209 Alcoa Court Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State Orlando, FL 32836 4. FEI Number 59-3495765 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NACCARATO, NAT Street Address (P.O. Box Number is Not Acceptable) NAT NACCARATO & ASSOCIATES, P.A. 10711 SW 104 STREET **MIAMI FL 33176** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition HANN, HARRY H NAME NAME 8209 Alcoa Court 5334 CENTRAL FLORIDA RKWY, STE 309X ORLANDO FL 32821 STREET ADDRESS STREET ADDRESS Orlando, Florida 32836 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

SIGNATURE: HARRY HENRY HAVE 4-24-06 (305) 598-2276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Despring Proces 4

if changed, or on an attachment with an address, with all other like empowered.