## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000023259

1. Entity Name

H & H INTERNATIONAL DEVELOPMENT GROUP, INC.



FILED Apr 11, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2100 SW 22 ST., STE. 403 MIAMI, FL 33145 US 2100 SW 22 ST., STE. 403 MIAMI, FL 33145 US



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0928938

Applied For Not Applicable

5. Certificate of Status Desired

01/05/06

305 602 834

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HENRIC, GILBERT 2100 SW 22 ST., STE. 403 MIAMI, FL 33145

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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 the it applicable (NOTE: Registered Agent signature required when reinstating)  ORTE					
FILE NOWIII FEE IS \$150.00 S. Election Cam After May 1, 2006 Fee will be \$550.00 Trust Fund Ca			oing 🔲	\$5.00 May Be Added to Fees	04/26/06-80017-025 158.75
10.	OFFICERS AND DIRECT				
TITLE NAME STREET ADDRESS GRY-ST-ZIP	PTSD HENRIC, GILBERT 2100 SW 22 ST., STE . 403 MIAMI, FL 33145				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
HITLE NAME STREET ADDRESS CHY-ST-ZIP					
12. I hereby certify that the information subplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or experience that I am an officer or director of the corporation or the receiver of its issequence where of the corporation or the receiver of its issequence where the securite 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, this adjustess, with all other like empowered.					

NAME OF SIGNING OFFICER OR DIRECTOR