2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000001593 May 01, 2006 08:00 Al 1. Entity Name **Secretary of State** H INDUSTRIES, INC. Principal Place of Business Mailing Address 2578 CHEROKEE ROAD 2578 CHEROKEE ROAD WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FE! Number 65-0887071 Not Applicable Zip Country 2_{ip} 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 RICHARDSON, HENRY Street Address (P.O. Box Number is Not Acceptable) 2578 CHEROKEE RD. WEST PALM BEACH FL 33406 City Zio 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, types or printed name of registered agent and little if applicable 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE **PSTD** ☐ Delete TOTALE RICHARDSON, HENRY C 111 NAME NAME U000000551912 STREET ADDRESS 2578 CHEROKEE ROAD STREET ADDRESS 05/13/06-80119-013 150.00 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CHTY- ST-ZIP CITY ST ZIP ☐ Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP ☐ Change Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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

IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: