2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		-: V:: 1771		¬ ·
DOCUMENT # P99000033410 1. Entity Name				FILED Mar 01, 2006 08:00 AM
DAVID E. HULSE, INC.				Secretary of State
Principal Place of Business Mailing Address		Mailing Address		
1422 SW 27TH AVENUE BOYNTON BEACH FL 33426		1422 SW 27TH AVENUE BOYNTON BEACH FL 33426		
2. Principal Place of Business		3. Mailing Address		4 1884(834 III IBLUS (BILLI MBILLI MBILL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE
City & State		City & State		4. FEI Number 65-0915829 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			I Name	7. Name and Address of New Registered Agent
HULSE, DAVID E 1422 SW 27TH AVENUE BOYNTON BEACH FL 33426				(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	l registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOT	E' Registered Agent signature require	id when reinstating) OATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
	HULSE, DAVID E 1422 SW 27TH AVENUE		NAME STREET ADDRESS	U00000452602
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	03/13/06 80004-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS' CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 attackment with an address, with all other like empowered.

SIGNATURE:

DAVIDE: HUNCE 2 27 06 (576) 964-692