2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State

1. Entity Name THE HARTWELL GROUP, INC.				05-20-2005 90034 049 ***150.00				
Principal Place of Business 343 LAKE CRESCENT DR DEBARY, FL 32713	Mailing Address PO BOX 530060 DEBARY, FL 32753					, v v		ıu
2. Principal Place of Business 1661 Bamboo Court Suite, Apt. #, etc.	3. Mailing Address LUL Baml Suite, Apt. #, etc.	boo Cou		05152005	Chg-P	CR2EO	34 (10/03)	
City & State Deltona Zip Country	City & State Deltona Zip El	Country USA	4	. FEI Numbe 59-3598	<u> </u>		\$8.75 Add	
RACIES, LAWRENCE 343 LAKE CRESCENT DR DEBARY, FL 32713	Registered Agent	Name	7. La	. Name and	Address of New	Registered (d
8. The above name of critis' submits this statement of the obligations of registered agent. SIGNATURE Software typed or printed name of registered agent.		City	egistered :	··—·—		FL Horida. Lam	familiar with,	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	Election Campaign Trust Fund Contrib	· ·	\$5.00 Added t	May Be to Fees	In accordance corporation di			
10. OFFICERS AND TITLE VP NAME RACIES, LAWRENCE STRET ADDRESS PO BOX 530060 CITY-ST-ZIP DEBARY, FL 32753	D DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Racie	s Lau Bambo	changes to or writing e to Court FL 327		DIRECTOR Change	S IN 11
ITILE P NAME RACIES, NANCY STRET ADDRESS PO BOX 530060 CITY-ST-ZIP DEBARY, FL 32753	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	P Racie 1661	S Nan	ey Court 32725		⊡ thange	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee emportanged, or on an attachment with an address. SIGNATURE:	is true and accurate and that my sowered to execute this report as	signature shall have required by Chap NCY Ro	ve the sam ter 607, Fl	ne legal effec	t as if made unde s; and that my na	roath: that I	am an officer	or director