

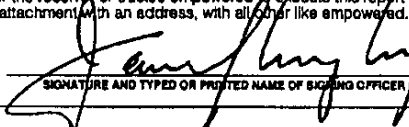
2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90027 036 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00000001

DOCUMENT # P99000071987			
1. Entity Name HC AMERICA INC.			
Principal Place of Business 345 BEVILLE RD., STE. 103 S. DAYTONA, FL 32119		Mailing Address 345 BEVILLE RD., STE. 103 S. DAYTONA, FL 32119	
2. Principal Place of Business 1801 SOUTH NOVA RD Suite, Apt. #, etc. Suite 110		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State South Daytona		City & State	
Zip 32119		Country POLAND	
4. FEI Number 59-3592349		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, JAMES J 345 BEVILLE RD., STE. 103 S. DAYTONA, FL 32119		7. Name and Address of New Registered Agent Name Murphy, James J Street Address (P.O. Box Number is Not Acceptable) 1801 South Nova Rd Suite 110 City South Daytona FL Zip Code 32119	
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: James J. Murphy		DATE: 7/1/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPEL, TAMMIE M 120 BURT AVE. NORTHPORT, NY 11768 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JAMES J 345 BEVILLE RD. S. DAYTONA, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 7/1/05 386 872 4700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

0007 20 000