2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2006 08:00 AM DOCUMENT # P99000086822 Secretary of State 1. Entity Name HEWLETT ENTERPRISES, INC. Mailing Address Principal Place of Business 815 100 STREET 815 100 STREET MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0955898 Not Applicable Country Country Zιο Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEWLETT, GLENN H Street Address (P.O. Box Number is Not Acceptable) 815 100 ST OCEAN MARATHON FL 33050 City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and titlo if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE JS \$150.00 \$5.00 May E. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. tt. ☐ Defete TITLE ☐ Change □ Adder TITLE HEWLETT, GLENN H JR NAME NAME STREET ADDRESS 815 100 STREET-OCEAN STREET ADDRESS CRY-ST-702 CITY-ST-ZIP MARATHON FL 33050 ☐ Change □ A****** Delete TITLE HILE NAME NAME HEWLETT, BARBARA STREET ADDRESS STREET ADDRESS 815 100 STREET-OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change | Aŭgiio ☐ Delote TITLE MAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP ☐ Change ☐ Adding ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change □ Adding ☐ Delete BILE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP □ Attn □ Change 333LE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP 12. I hereby 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 of 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.

FILED