## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25424

Entity Name: HHCS, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3901 E COLONIAL DR SUITE A 3901 E COLONIAL DR ORLANDO, FL 32803 SUITE A

ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

3901 E COLONIAL DR SUITE A 3901 E COLONIAL DR ORLANDO, FL 32803 SUITE A

ORLANDO, FL 32803

FEI Number: 59-3135166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEARLMAN, CRAIG S. ESQUIRE 2 S. ORANGE AVE. PEARLMAN, CRAIG S. ESQUIRE 2 S. ORANGE AVE.

2 S. ORANGE AVE. 2 S. ORANGE AV 5TH FL. 5TH FL.

ORLANDO, FL 32803 US ORLANDO, FL 32802 US

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.

SIGNATURE: 04/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 ADAMS, N. LOIS,
 Name:
 ADAMS, N. LOIS,

 Address:
 633 E COLONIAL DR
 Address:
 3901 E COLONIAL DR

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

Title: VD () Delete Title: VD (X) Change () Addition
Name: MURRAY LOUIS C Name: MURRAY LOUIS C

 Name:
 MURRAY, LOUIS C.
 Name:
 MURRAY, LOUIS C.

 Address:
 633 E COLONIAL DR
 Address:
 3901 E COLONIAL DR

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

Title: T ( ) Delete Title: TV (X) Change ( ) Addition

 Name:
 MCCULLY, PHILIP
 Name:
 MCCULLY, PHILIP

 Address:
 633 E COLONIAL DR
 Address:
 3901 E COLONIAL DR

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. LOIS ADAMS P 04/26/2006