


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S51190 1. Entry Name EDWARD J. HAUCK, INC.		
Principal Place of Business 4904 MILA STRECH DRIBE HOLIDAY, FL 34690	Mailing Address 3252 KISMET CT NEW PORT RICHEY, FL 34655	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent WALLING, MARK T 3252 KISMET COURT NEW PORT RICHEY, FL 34655		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4. FEI Number 59-3101550 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLING, MARK T 3252 KISMET COURT NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLING, ROBIN FAY 3252 KISMET COURT NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, FRANCE KAY 7342 WEST SILVERSAND DRIVE TUCSON, AZ 857431201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mark T. Walling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/6/06</u> <small>Daytime Phone #</small>



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