


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90058 029 ***150.00

DOCUMENT # V26725	
1. Entity Name THE HOEFLE GROUP, INC.	

Principal Place of Business 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947 US	Mailing Address 1861 PLACIDA RD. SUITE 201 ENGLEWOOD, FL 34223 US
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50013450



2. Principal Place of Business 1615 NW 81 WAY	3. Mailing Address 1615 NW 81 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062005 Chg-P CR2E034 (10/03)

City & State PLANTATION FL	City & State PLANTATION FL
Zip 33322	Country USA
City & State PLANTATION FL	City & State PLANTATION FL
Zip 33322	Country USA

4. FEI Number 59-3135100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOEFLE, KENT C 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1615 NW 81 WAY	
City PLANTATION	FL Zip Code 33322

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 KC Hoefle	DATE 2/5/2005
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOEFLE, KENT C 23019 OSPREY RIDGE SAN ANTONIO, TX 78258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFLE, SCOTT W 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOEFLE, DON W JR 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONNA R HOEFLE 23019 OSPREY RIDGE SAN ANTONIO, TX 78258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 NW 81 WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 NW 81 WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KC Hoefle	DATE: 2/5/2005	DAYTIME PHONE: 210-308-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		