


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 045 ***150.00

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

Principal Place of Business 1615 NW 81 WAY PLANTATION, FL 33322 US	Mailing Address 1615 NW 81 WAY PLANTATION, FL 33322 US
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2. Principal Place of Business 1861 PLACIDA RD. SUITE 201 ENGLEWOOD FL 34223 USA	3. Mailing Address 1861 PLACIDA RD. SUITE 201 ENGLEWOOD FL 34223 USA
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03042006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3135100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOEFLE, KENT C 1615 NW 81 WAY PLANTATION, FL 33322	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA RD SUITE 201 City ENGLEWOOD FL Zip Code 34223	
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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: <i>KTC 1/7/6</i> DATE: 3/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFLE, SCOTT W 1615 NW 81 WAY PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1861 PLACIDA RD #201 ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOEFLE, DON W JR 1615 NW 81 WAY PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1737 LOWER RIDGEWOOD BLVD. HENDERSONVILLE, NC 28791 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: <i>KTC 1/7/6</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/4/06 210-507-3155 <small>Date Daytime Phone #</small>