2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003347

FILED Jun 28, 2005 Secretary of State

Entity Name: HEC GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 611 WADE CIRCLE GOODLETTSVILLE, TN 37072 **Current Mailing Address: New Mailing Address:** 611 WADE CIRCLE GOODLETTSVILLE, TN 37072 FEI Number: 62-1583383 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: (X) Change () Addition HUFFINE, ROBERT B HUFFINE, ROBERT B Name: Name: 216 SPY GLASS STREET 508 FREDA VILLA Address: Address: City-St-Zip: OLD HICKORY, TN City-St-Zip: MADISON, TN 37115 Title: SD Title: SD () Delete (X) Change () Addition Name: HUFFINE, ROBERT G Name: HUFFINE, ROBERT G 7146 HWY 76 E 908 FOWLER STREET Address: Address:

 Title:
 D
 () Delete

 Name:
 HUFFINE, DUSTIN A

 Address:
 313 E MAIN STREET, STE 1

 City-St-Zip:
 HENDERSONVILLE, TN

City-St-Zip:

OLD HICKORY, TN

Title: D (X) Change () Addition Name: HUFFINE, DUSTIN A Address: 611 WADE CIRCLE

City-St-Zip:

SPRINGFIELD, TN 37172

City-St-Zip: GOODLETTSVILLE, TN 37072

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT G HUFFINE SD 06/28/2005