2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# 341891

Entity Name: HANFORD & MILLER, INC.

Current Principal Place of Business:

1625 FLORENTINO LANE
WINTER PARK, FL 32789

New Principal Place of Business:

1625 FLORENTINO LANE
WINTER PARK, FL 32792

Current Mailing Address:

5817 GRANT FORD RD
GAINESVILLE, GA 30506

New Mailing Address:

FEI Number: 59-1318217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLUSKEY, ROY D
1625 FLORENTINO LANE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MCCLUSKEY, ROY D
1625 FLORENTINO LANE
WINTER PARK, FL 32792 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: 02/12/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ASD ( ) Delete
Name: MCCLUSKEY, ROY D
Address: 66 LAUREL HEIGHTS DR.
City-St-Zip: DAHLONEGA, GA 30533 US

Title: VD ( ) Delete
Name: BOGGS, JUDITH A.
Address: 6625 HWY 53 EAST, SUITE 410-63
City-St-Zip: DAWSONVILLE, GA 30534 US

Title: TD ( ) Delete
Name: MCCLUSKEY, SANDRA,
Address: 66 LAUREL HEIGHTS DR.
City-St-Zip: DAHLONEGA, GA 30533 US

Title: PD ( ) Delete
Name: CLEMMONS, KATHY,
Address: 5817 GRANT FORD ROAD
City-St-Zip: GAINESVILLE, GA 30506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ASD (X) Change ( ) Addition
Name: MCCLUSKEY, ROY D
Address: 429 MOUNTAIN VIEW DR.
City-St-Zip: DAHLONEGA, GA 30533 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MCCLUSKEY, SANDRA,
Address: 429 MOUNTAIN VIEW DR.
City-St-Zip: DAHLONEGA, GA 30533 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHY CLEMMONS PRES 02/12/2008
Electronic Signature of Signing Officer or Director — Date