


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 032 ***150.00

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1. Entity Name
 HP ACQUISITION CORP.



Principal Place of Business
 155 S MIAMI AVE
 PH-2A
 MIAMI, FL 33130 US

Mailing Address
 155 S MIAMI AVE
 PH-2A
 MIAMI, FL 33130 US

2. Principal Place of Business - No P.O. Box #
 333 S, Miami Avenue

3. Mailing Address
 333 S. Miami Avenue

Suite, Apt. #, etc.
 Suite 150

Suite, Apt. #, etc.
 Suite 150

City & State
 Miami, FL

City & State
 Miami, FL


Zip
 33130

Country
 USA

Zip
 33130

Country
 USA

40088293



03132007 Chg-P CR2E034 (12/06)

4. FEI Number
 11-3293387

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRLIN, DAN
 155 S MIAMI AVE
 #PH2A
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
 Sirlin, Daniel

Street Address (P.O. Box Number is Not Acceptable)
 333 S. Miami Avenue

Suite 150

City
 Miami

FL

Zip Code
 33130

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIRLIN, DANIEL <input checked="" type="checkbox"/> Delete 155 S MIAMI AVE #PH2A MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sirlin, Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Miami Ave., Ste. 150 Miami, FL 33130
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
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
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 supplement thereto 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:  _____ Date 4/20/07 Daytime Phone # _____
SIGNATURE, TYPED NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR