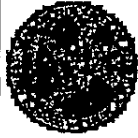


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000007257	
1. Entity Name HASKINS GROUP, INC.	

Principal Place of Business 15225 TECHNOLOGY DR. BROOKSVILLE, FL 34604	Mailing Address 15225 TECHNOLOGY DR. BROOKSVILLE, FL 34604
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3100606	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
HOLLANDER, JEFFREY 15225 TECHNOLOGY DR. BROOKSVILLE, FL 34604

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000775262 01/08/08-80022-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOLLANDER, JEFFREY PO BOX 15268 BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, JJ 12093 LUXENBOURG COURT SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANINA, JAMES E P.O. BOX 6150 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONKLIN, VICTORIA P.O. BOX 6150 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, 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:** Jeffrey Hollander **JEFFREY HOLLANDER** 01-05-08 352-797-5380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #