2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000926

Entity Name: THE HACIENDA, INC.

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

225 WAYMAN ST. LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

237 FERNWOOD BLVD. FERN PARK, FL 32730

FEI Number: 59-3380880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREGORY, LINDA FOY, BARBARA
130 GARFIELD RD 237 FERNWOOD BLVD.
ENTERPRISE, FL 32723 US FERN PARK, FL 32730 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: BARBARA FOY 03/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete DRISKELL, DEBBIE Name: Name: 237 FERNWOOD BLVD Address: Address: City-St-Zip: FERN PARK, FL 32730 City-St-Zip: Title: Title: () Delete () Change () Addition ELLIOT, JOHN Name: Name: Address: 1213 SWAN STREET Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFITHS, SCOTT Name: Name: Address: 237 FERNWOOD BLVD Address: City-St-Zip: FERN PARK, FL 32730 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: STEVENS, PAULEE Name: BARRON, DWIGHT Address: 156 WILLIAMS RD Address: 200 GREEN LAKE CIRCLE City-St-Zip: SANFORD, FL 32771 City-St-Zip: LONGWOOD, FL 32779 Title: () Delete Title: (X) Change () Addition GREGORY, LINDA GREGORY, LINDA Name: Name: 130 GARFIELD RD 10240 HOOD COURT Address: Address: City-St-Zip: ENTERPRISE, FL 32725 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change () Addition PEREIRA, ADOLFO Name: Name: Address: 113 ELDERBERRY LANE Address: LONGWOOD, FL 32779 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT GRIFFITHS TS 03/18/2008