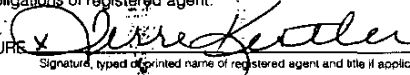


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90085 048 \*\*\*150.00

DOCUMENT # P03000014059			
1. Entity Name H.G. STORAGE, INC.			
Principal Place of Business 6831 EDGEWATER COMMERCE PKWY UNIT 1110 ORLANDO, FL 32810		Mailing Address 1629 DORMONT LANE ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 884 37 <sup>th</sup> STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
		32805	U.S.A.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCULLY, BRYANT 1629 DORMONT LANE ORLANDO, FL 32804		Name TERRE KESTLER Street Address (P.O. Box Number is Not Acceptable) 884 37 <sup>th</sup> STREET City ORLANDO FL Zip Code 32805	
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: 		TERRE KESTLER, PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 3/1/07		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	DP
NAME	MCCULLY, BRYANT	NAME	TERRE KESTLER
STREET ADDRESS	1629 DORMONT LANE	STREET ADDRESS	884 37 <sup>th</sup> STREET
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	ORLANDO, FL 32805
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 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 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: 		TERRE KESTLER, PRESIDENT	
Signature and typed or printed name of signing officer or director		Date	
DATE: 3/1/07		DATE	
DAYTIME PHONE: 407-835-1339		DAYTIME PHONE #	

40033077



02232007 Chg-P CR2E034 (12/06)

4. FEI Number 55-0818417 Applied For Not Applicable

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