


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000068482**

1. Entity Name  
 HOODRIDGE UNLIMITED INC



Principal Place of Business  
 6699 NW 66 WAY  
 PARKLAND, FL 33067

Mailing Address  
 6699 NW 66 WAY  
 PARKLAND, FL 33067

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-1050432

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIN, EILEEN  
 6699 NW 66 WAY  
 PARKLAND, FL 33067

**DO NOT WRITE IN THIS SPACE**

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

U00000706596  
 04/24/07-80041-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVIN, EILEEN
STREET ADDRESS	6699 NW 66 WAY
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	VP
NAME	LEVIN, ILA B
STREET ADDRESS	6699 NW 66 WAY
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	DIR
NAME	LEVIN, JOSEPH M
STREET ADDRESS	6699 NW 66 WAY
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	D
NAME	LEVIN, BARBARA
STREET ADDRESS	6699 NW 66 WAY
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Eileen Levin Pres. (EILEEN LEVIN) 4/13/07 954-340-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #