


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000121858 1. Entity Name HAYES-MCKAY, INC.	
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Principal Place of Business 5304 S FLORIDA AVE SUITE 400 LAKELAND, FL 33813	Mailing Address 5304 S FLORIDA AVE SUITE 400 LAKELAND, FL 33813
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04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3929210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, ROBERT M
 2104 SELKIRK LANE
 LAKELAND, FL 33813

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, ROBERT 2104 SELKIRK LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCKAY, ROBERT M 905 MONTROSE DRIVE GREENSBORO, NC 27410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAYES, LINDA W 2104 SELKIRK LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPA, JOE DE LA 7660 53RD COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONHAM, CHARLES L 2286 ROYAL TROON CT ZACHARY, LA 70791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000938575
 05/27/08-80094-020 150.00

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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: ROBERT M HAYES *Robert M Hayes* 29 APR 08 863/647-2555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #