2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # P05000156449** 1. Entity Name **BILL HANEY VENTURES INC** Principal Place of Business Mailing Address 11698 NW 19TH DRIVE 11698 NW 19TH DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 CR2E034 (11/05) 03182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3856556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANEY, WILLIAM P DO NOT WRITE 11698 NW 19TH DRIVE CORAL SPRINGS, FL 33071 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. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HANEY, WILLIAM P U00000938157 05/27/08-80078-018 158.75 11698 NW 19TH DRIVE STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE MALIF STREET ADDRESS CITY-ST-ZIP YITLE **DO NOT WRITE** STREET ADDRESS CITY-ST-7IP THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #