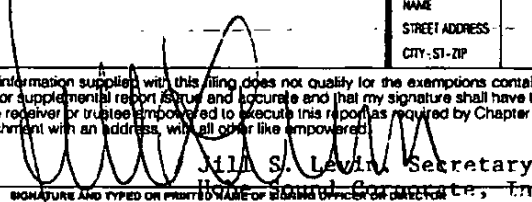


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

03-28-2008 90041 010 ***150.00

DOCUMENT # P07000021757			
1. Entity Name HOBE SOUND CORPORATE, INC.			
Principal Place of Business 925 S FEDERAL HWY SUITE 425 BOCA RATON, FL 33432		Mailing Address 925 S FEDERAL HWY SUITE 425 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 11229	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Knoxville TN	
Zip	Country	Zip 37939	Country USA
6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON P.A. 802 11TH STREET WEST BRADENTON, FL 34205-7734		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signatures, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when releasing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVIN, STEVEN 925 S FEDERAL HWY SUITE 425 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAYDEN, BERNARD H 550 MAMARONECK HWY SUITE 404 HARRISON, NY 10528 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWARTZ, THOMAS H 60 E 42ND STREET 53RD FLOOR NEW YORK, FL 10185 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		J. S. Levin, Secretary Hobe Sound Corporate, Inc. 2/14/08 (865) 584-4175 Signature and typed or printed name of signing officer or director. Date Daytime Phone #	

66007646



01222008 Chg-P CR2E034 (12/06)

4. FCI Number **Applied for** ☒ Applied For ☐ Not Applicable

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