2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000063951

Entity Name: HOBE, INC.

FILED Sep 01, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4923 SABAL LAKE CIRCLE 8586 POTTER PARK DRIVE SARASOTA, FL 34238 SARASOTA, FL 34238

Current Mailing Address: New Mailing Address:

4923 SABAL LAKE CIRCLE 8586 POTTER PARK DRIVE SARASOTA, FL 34238 SARASOTA, FL 34238

FEI Number: 65-0851658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINICKE, STEPHANIE A VOIGT, STEPHEN F
1800 SECOND STREET SUITE 803 2042 BEE RIDGE ROAD
SARASOTA, FL 34236 US SARASOTA, FL 34239 US

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.

SIGNATURE: STEPHEN F. VOIGT 09/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WILLIAMS, TERRY L WILLIAMS, LINDA Name: Name: 4923 SABAL LAKE CIRCLE 8586 POTTER PARK DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 SINCLAIR, DAVID

 Address:
 Address:
 8586 POTTER PARK DRIVE

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34238

Title: S () Change (X) Addition

 Name:
 Name:
 WILLIAMS, LÍNDA

 Address:
 Address:
 8586 POTTER PARK DRIVE

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34238

Title: () Delete Title: T () Change (X) Addition

Name:Name:MCGLINN, ANDREAAddress:Address:8586 POTTER PARK DRIVECity-St-Zip:City-St-Zip:SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WILLIAMS P 09/01/2006