2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 204013

Entity Name: HUBBARD ENTERPRISES, INC

FILED Apr 24, 2008 Secretary of State

Littly Name: Hobbard ENTERPRISES, INC.						
Current Pi	rincipal Place	of Business:	New Principal Place of Business:			
	S PASS BOAF BEACH, FL 3:					
Current Mailing Address:			New Mailing Address:			
	S PASS BOAF BEACH, FL 3:					
FEI Number: 59-0804810 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent	t:
150 JOHN'), LORRAINE \ S PASS BOAF BEACH, FL 3:	RDWALK				
The above in the State		submits this statement for the po	urpose of changing i	ts registered office	e or registered ager	nt, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HUBBARD, LOF	SS BOARDWALK	Title: Name: Address: City-St-Zip:	DP (X) Ch HUBBARD, MARK F 150 JOHN'S PASS MADEIRA BEACH,	BOARDWALK	
Title: Name: Address: City-St-Zip:	HUBBARD, MAI 150 JOHNS PA	Delete RK F. SS BOARDWALK BURG, FL 33708	Title: Name: Address: City-St-Zip:	D (X) Ch VAN MIDDLESWOF 150 JOHNS PASS I MADEIRA BEACH,	BOARDWALK	
Title: Name: Address: City-St-Zip:	MCDOLE, KATH	SS BOARDWALK	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	HUBBARD, PAT	SS BOARDWALK	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	HUBBARD, JEF 3401 CAABLAN		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA HUBBARD DVT 04/24/2008