2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

4/30 (09 (0/3)229-6636

DOCUMENT # 298600 1. Entity Name H.I. RESORTS, INC.							A	05-29-2008	90191 02	22 ***13	0.00	
Principal Place 111 WEST FO TAMPA, FL 3	ORTUNE		Mailing Address 111 WEST FORTUNE TAMPA, FL 33602-3206				dnra	y 				
2. Principal P	lace of Busine	ess - No P.O. Box#	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04292008	Chg-P	CR2E03	4 (12/06)		
City & State	9		City & State				4. FEI Numb		· · · ·		plied For t Applicable	
Zip	Zip Country		Zip	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					itional		
	6. Name	and Address of Current I	Registered Agent	7. Name and Address of New Registered Agent								
					Name							
CALLEN, A 111 W FOI TAMPA, FI	RTUNE ST			Street Address (P.O. Box Number is Not Acceptable)								
		v.		City					Zip Code	3		
,						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.												
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
										<u> </u>		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Etection Campaign Fine Trust Fund Contribution							.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS			ADDITIONS	/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11		
TITLE	VD		☐ Delete	E	VD	611 0 A P T	. 7		Change	Addition		
NAME CORET ADDRESS	CALLEN,			E ET ADDRESS	CALLEY, ROBIN 1855 III W. FORTUNE STREET							
STREET ADDRESS CITY-ST-ZIP	TAMPA, F	RTUNE STREET L 33602		-ST-ZIP		npa, FL 3						
TITLE	PD		☐ Delete	TITL	<u> </u>	1747	7, 0 2	.500-		☐ Change	☐ Addition	
NAME	CALLEN, I	ROBINSON		E								
STREET ADDRESS		RTUNE STREET		ET ADORESS								
CITY-ST-ZIP	TAMPA, F	L 33602		-ST-ZIP								
TITLE NAME	VSD CALLEN, I	DORIAN	☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS		ORTUNE STREET			ET ADDRESS							
CITY-\$T-ZIP	TAMPA, F			CITY	- ST-ZIP							
TITLE	VPT		Delete	TITU	E					Change	Addition	
NAME	CALLEN, I			NAM								
STREET ADDRESS CITY-ST-ZIP	TAMPA, F	RTUNE STREET			ET ADDRESS - ST- ZIP							
TITLE	VTD		☐ Delete	TITLE						Change	☐ Addition	
NAME	CALLEN, I	LANCE	L Delete	NAM						- Overigo		
STREET ADDRESS 111 W. FORTUNE ST.					ET ADDRESS							
CITY-ST-ZIP	TAMPA, F	L 33602		_	-ST-ZIP							
TITLE			Delete	TITLE NAM						Change	Addition	
NAME STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not attached or not attached the address, with all other like empowered.												