


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90374 009 \*\*\*150.00

<b>DOCUMENT # 412824</b> 1. Entity Name <b>MAX HAUFE, INC.</b>	
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Principal Place of Business <b>3080 N WASHINGTON BLVD SARASOTA, FL 34243</b>	Mailing Address <b>3080 N WASHINGTON BLVD SARASOTA, FL 34234</b>
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**DO NOT WRITE IN THIS SPACE**

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1481536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HAUFE, E. H. MAX  
3080 N. WASHING BLVD  
SARASOTA, FL 34234**

**DO NOT WRITE  
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 *E. H. Haufe* **ASST SECRETARY** 4-9-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PYME, K. A. 9983 CHERRY HILLS AVE. CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD HAUFE, E. H. MAX 3080 N. WASHINGTON BLVD. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMROUX, GUY 900 9TH AVE. E., LOT 164 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: *E. H. Haufe* 4-9-08 941-349 3511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #