2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 AM Secretary of State **DOCUMENT # 492281** 1. Entity Name HIP, INC. Principal Place of Business Mailing Address 2 MINUTEMAN CAUSEWAY P.O. BOX 320505 COCOA BEACH, FL 32932-0505 COCOA BEACH, FL 32932-0505 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1663639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTZ, GEORGE E JR DO NOT WRITE 3412 S. ATLANTIC AVE COCOA BEACH, FL 32932 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITI F ARTZ JR. GEORGE NAME STREET ADDRESS 3412 S. ATLANTIC AVE. CITY-ST-ZIP COCOA BEACH, FL 32931 000000706086 TITLE 04/24/07-80019-023 150.00 NAME ARTZ, CHRISTINA STREET ADDRESS 2880 S ATLANTIC AVE CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OFFINTED HAME OF SIGNAY OFFIGER DEFINE OFFINE DELLE D

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 supplementar apprt 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 of 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.

Daytime Phone #

CITY-ST-7IP