2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 496426

Entity Name: HYDE SHIPPING CORPORATION

Current Principal Place of Business:

10025 NW 116 WAY
SUITE #2
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

10025 NW 116 WAY
SUITE #2
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 59-1673496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLANCK, ROBERT W.
5730 SW 74 ST.
STE 700
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HYDE, MEADE D
Address: 10025 N.W. 116TH WAY, SUITE 2
City-St-Zip: MEDLEY, FL 33178

Title: ST ( ) Delete
Name: MCNAB, ALFRED C
Address: 10025 N.W. 116TH WAY, SUITE 2
City-St-Zip: MEDLEY, FL 33178

Title: D ( ) Delete
Name: HYDE, KERN C
Address: 10025 N.W. 116TH WAY, SUITE 2
City-St-Zip: MEDLEY, FL 33178

Title: AS ( ) Delete
Name: MCNAB, JUDY
Address: 10025 N.W. 116TH WAY, SUITE 2
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALFRED C. MCNAB ST 01/30/2009

Electronic Signature of Signing Officer or Director — Date