

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001127

FILED
Jan 20, 2009
Secretary of State

Entity Name: HANSEN FINANCIAL CORPORATION

Current Principal Place of Business:

200 OLDE POINT VILLAGE
STE 103
CHESTER, MD 21619

New Principal Place of Business:

Current Mailing Address:

200 OLDE POINT VILLAGE
STE 103
CHESTER, MD 21619

New Mailing Address:

FEI Number: 52-1983602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANSEN, PATRICK
3100 NE 49TH STREET, #403
FT. LAUDERDALE, FL 33308 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: CS () Delete
Name: GARGAN, FRANK T
Address: 7018 CHANNEL VILLAGE CT T2
City-St-Zip: ANNAPOLIS, MD 21403

Title: VCV () Delete
Name: HANSEN, PATTY
Address: 263 PROSPECT BAY DR. W.
City-St-Zip: GRASONVILLE, MD 21638

Title: DPT () Delete
Name: HANSEN, PATRICK
Address: 263 PROSPECT BAY DR. W.
City-St-Zip: GRASONVILLE, MD 21638

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:

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: PATRICK HANSEN

DPT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date