## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004429

Title:

Name: Address:

City-St-Zip:

FILED Apr 09, 2008 Secretary of State

Entity Na	me: HARD D	OLLAR CORPORATION							
Current Principal Place of Business:				New Principal Place of Business:					
7810 S HARDY DRIVE STE 113 TEMPE, AZ 85284				9977 N 90TH ST STE 200 SCOTTSDALE, AZ 85258					
Current Mailing Address:				New Mailing Address:					
7810 S HARDY DRIVE STE 113 TEMPE, AZ 85284				9977 N 90TH ST STE 200 SCOTTSDALE, AZ 85258					
FEI Number	: 20-1117694	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate	of Status Desire	ed ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD							
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registere	ed office or reg	gistered agent,	or both,	
SIGNATUI	RE:								
Electronic Signature of Registered Agent				Date					
Election Car	mpaign Financin	g Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	NICHOLAS, DO	DRIVE STE 113		Title: Name: Address: City-St-Zip:		(X) Change() , DOUG TH ST STE 200 ALE, AZ 85258	) Addition		
Title: Name: Address: City-St-Zip:	L'HEUREUX, C	PSON PEAK PKWY #130		Title: Name: Address: City-St-Zip:		(X) Change() X, ODELL OMPSON PEAK I ALE, AZ 85255			
Title: Name: Address: City-St-Zip:	JOHNSON-CLA	) Delete AGUE, ALISTAIR ′ DRIVE STE 113 5284		Title: Name: Address: City-St-Zip:		(X) Change ( ) ALISTAIR TH ST STE 200 ALE, AZ 85258	) Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALISTAIR CLAGUE Ρ 04/09/2008

() Delete

MICHALICEK, STEVEN

CEDAR RAPIDS, IA 52401

211 FIRST AVE SE

() Change () Addition