


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 042 \*\*\*150.00

<b>DOCUMENT # F06000005067</b>	
1. Entity Name <b>HBC MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>841 BISHOP STREET SUITE 2204 HONOLULU HI 96813</b>	Mailing Address <b>325 CHESTNUT STREET SUITE 403 PHILADELPHIA PA 19106-2611</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>325 Chestnut Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 415</b>	
City & State		City & State <b>Philadelphia, PA</b>	
Zip	Country	Zip	Country
		<b>19106</b>	<b>USA</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>51-0548541</b>		Applied For
		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		7. Name and Address of New Registered Agent
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVC COCKETT, IRWIN K 469 ENA ROAD, #506 HONOLULU HI 96815</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Erwin K. Cockett</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Same address as #10 (to the left)</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WHITNEY, SUSAN M 8717 PATTON ROAD WYNDMOOR PA 19038</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T COOPER, BRADLEY H.K. 2911 PENNSYLVANIA AVENUE PHILADELPHIA PA 19130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C COOPER, DAVID E.K. 1106 W. ABINGDON DRIVE ALEXANDRIA VA 22314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PAULE, ALVIN H 1778 ALA MOANA BLVD., #2906 HONOLULU HI 96815</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Alvin H. Paule</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 Queen Street, Suite #2709 Honolulu, HI 96814</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Susan M. Whitney* **Susan M. Whitney, Secretary**

**3-12-07**

**215-829-9500 x.30**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #