2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006391

City-St-Zip: NEWNAN, GA 30265

Entity Name: GREYHAWK TECHNOLOGIES, INC.

FILED Jan 30, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
SUITE 210	99TH STREE 10 /ER, WA 986				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	76H STREET /ER, WA 986	62			
FEI Number:	91-1665512	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
CASEY, CRAIG S 3901 COCONUT PALM DR. SUITE 110 TAMPA, FL 33619 US			CASEY, CRAIG S 2816 BROADWAY CEN BRANDON, FL 33510	2816 BROADWAY CENTER BLVD	
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/30/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHRM (FLEMING, THO 12504 NE 43R VANCOUVER,	D AVE.	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P (FLEMING, THO 12504 NE 43R VANCOUVER,	D AVE.	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD (COLSON, TER 26 CRESTWIC NEWNAN, GA	KE COURT	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	STD (COLSON, KRI		Title: (Name: Address:	() Change() 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.

City-St-Zip:

SIGNATURE: KRISTINE P COLSON STD 01/30/2008