


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90023 004 \*\*\*150.00

<b>DOCUMENT # F06000006505</b>	
1. Entity Name <b>HALLMARK HUMAN RESOURCES, INC.</b>	

Principal Place of Business <b>5006 LARGO GRANBURY, TX 76049</b>	Mailing Address <b>5006 LARGO GRANBURY, TX 76049</b>
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2. Principal Place of Business - No P.O. Box # <b>3107 Fall Creek Hwy.</b>	3. Mailing Address <b>P.O. Box 5825</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Granbury, TX</b>	City & State <b>Granbury TX</b>
Zip <b>76049</b>	Zip <b>76049</b>
Country <b>USA</b>	Country <b>USA</b>

02152008 Chg-P CR2E034 (12/06)

4. FEI Number <b>75-2649554</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM WILLIS, TOM 5006 LARGO GRANBURY, TX 76049 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wayne Bay 19000 Terra Place Edmond, OK 73003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, TOM 5006 LARGO GRANBURY, TX 76049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, CHRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUPPERLE, STEVEN L 5900 EMBER GLEN DR. HALTOM CITY, TX 76137 <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	VD POZSONY, BOB 1660 69TH STREET NORTH LOXAHATCHEE, FL 33470 <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	S WILLIS, DELENE 5302 FAIRWAY CIR. FRANBURY, TX 76049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willis, Delena Granbury, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Quinn, Thomas 9 Cortland Trail Mahwah, NJ 07430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Tom Willis **2-15-08** **817-326-0295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #