
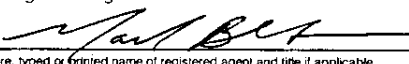



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 032 ***150.00

DOCUMENT # F06000007711					
1. Entity Name HOBBS EAGLE CORP.					
Principal Place of Business 4128 N. GRIMES HOBBS, NM 88240			Mailing Address 11617 INNFIELDS DRIVE ODESSA, FL 33556		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8108 Old Hixon Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FL		4. FEI Number 85-0439245	
Zip	Country	Zip 33626	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, MARK 11617 INNFIELDS DR ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8108 Old Hixon Road City TAMPA FL Zip Code 33626		
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:  4-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDPS BLANTON, MARK E 11617 INNFIELDS DR ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDPS BLANTON, MARK E 8108 Old Hixon Road TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  Mark Blanton			4-3-08 813 920-1031 <small>Date Daytime Phone #</small>		