2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State DOCUMENT # F07000004587 05-21-2008 90019 016 ***158.75 1. Entity Name HP COMMUNICATIONS, INC. Principal Place of Business Mailing Address 20002672 2709 COMPTON DR. SW 2709 COMPTON DR. SW DECATUR, AL 35603 DECATUR, AL 35603 2. Principal Place of Business - No P.O. Box # 3. Mailing Address KILMICHAEL 7607 KILMICHAEL 7607 CR2E034 (12/06) 05152008 Chg-P City & State City & State 4. FEI Number Applied For 68-0536904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4 SA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CP TITLE Delete TITLE **Addition** MANLEY STEVE 1607 KELMECHAEL STEVE PRUITT, HOBERT NAME NAME 2709 COMPTON DR. SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DECATUR, AL 35603 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANLE

FILED