

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005896

Entity Name: HANDONE STUDIOS, INC.

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

388 MASON RD.
SUITE 1A
FAIRPORT, NY 14450

New Principal Place of Business:

Current Mailing Address:

388 MASON RD.
SUITE 1A
FAIRPORT, NY 14450

New Mailing Address:

FEI Number: 16-1344510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHNS, LORRIE
5404 ASHTON COURT
SUITE B
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: MCGRAW, TIMOTHY
Address: 28 STONELEIGH TRAIL
City-St-Zip: VICTOR, NY 14564

Title: V () Delete
Name: DAVIS, JAMES R
Address: 527 BACKUS RD.
City-St-Zip: WEBSTER, NY 14580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCGRAW, TIMOTHY
Address: 28 STONELEIGH TRAIL
City-St-Zip: VICTOR, NY 14564

Title: VP (X) Change () Addition
Name: DAVIS, JAMES R
Address: 527 BACKUS RD.
City-St-Zip: WEBSTER, NY 14580

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.

SIGNATURE: TIMOTHY MCGRAW

PRES

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date