2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F36976

Entity Name: HOOD ENTERPRISES, INC.

FILED Apr 17, 2009 Secretary of State

w Principal Place of Business:

10829 U.S. HWY 92 E. TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

10829 U.S. HWY 92 E. TAMPA, FL 33610 US

FEI Number: 59-2168652 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:

DAVID M. HOOD 10829 U.S. HWY 92E TAMPA, FL 33610 US

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

Electronic dignature of registered rige

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete
 Title:
 P (X) Change () Addition

 Name:
 CONNOLLY, JOHN K
 Name:
 HOOD, DAVID M

 Address:
 10826 U.S. HWY 92 E
 Address:
 10829 U.S. HWY 92 E

 Address:
 10826 U.S. HWY 92 E
 Address:
 10829 U.S. HWY 92

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:
 TAMPA, FL 33610

Title: S () Delete Title: VP (X) Change () Addition
Name: HOOD, MOZELLE C Name: CONNOLLY, JOHN K

 Name:
 HOOD, MOZELLE C
 Name:
 CONNOLLY, JOHN K

 Address:
 7406 TIDEWATER TRAIL
 Address:
 10826 U.S. HWY 92 E

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:
 SEFFNER, FL 33584

Title: T () Delete Title: S (X) Change () Addition

 Name:
 PENDANG, STACY N
 Name:
 HOOD, MOZELLE C

 Address:
 4612 ASHBURN SQUARE DR.
 Address:
 7406 TIDEWATER TRAIL

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33619

Title: () Delete Title: T () Change (X) Addition

Name: PENDANG, STACY N

Address: Address: 4612 ASHBURN SQUARE DR.

City-St-Zip: City-St-Zip: TAMPA, FL 33610

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: STACY N PENDANG T 04/17/2009