
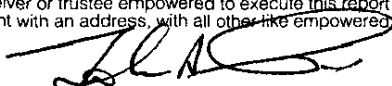


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90033 043 \*\*\*150.00

<b>DOCUMENT # F41344</b> 1. Entity Name <b>HAWKHIRST ENTERPRISES, INC.</b>					
Principal Place of Business <b>C/O BARBARA COOK 3312 B 38TH STREET SOUTH SAINT PETERSBURG FL 33711 US</b>				Mailing Address <del>90 WELCOMES ROAD</del> <b>KENLEY KENLEY, SURREY, UK 06576-21</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>1 LOVELOCK CLOSE KENLEY SURREY CR8 5HL      U.K.</b>			
4. FEI Number <b>59-2214213</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE      CR2E034 (11/03)	
6. Name and Address of Current Registered Agent <b>COOK, BARBARA B. 3312 B 38TH STREET SOUTH ST. PETERSBURG FL 33711</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, CAROLYN MOLLY 1 LOVELOCK CLOSE KENLEY SURREY UK cr8- she	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, JOHN ALAN 1 LOVELOCK CLOSE KENLEY SURREY UK cr8- she	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAY, DEBORAH 90 WELCOMES ROAD KENLEY SURREY UK cr8- she	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, STEPHEN 90 WELCOMES ROAD KENLEY SURREY UK cr8- she	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHUCH, JULIE MURLINGDENE PARK LEY RD WOLDINGHAM, SURREY, UK	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, SARAH 32 ST MARY'S RD REIGATE, SURREY, UK	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
<b>SIGNATURE:</b>  <b>J.A. COX</b> <b>2/2/04</b> <b>44 208 6606 10</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					