

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003511

FILED
Mar 29, 2007
Secretary of State

Entity Name: HANSON INTERNATIONAL, INC.

Current Principal Place of Business:

2900 S STATE ST
STE 5 E
ST JOSEPH, MI 49085 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8
ST. JOSEPH, MI 490850008

New Mailing Address:

FEI Number: 38-2702036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, MERLIN J
100 LAKESHORE DR., T-51
NORTH PALM BEACH, FL 33408 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: C () Delete
Name: HANSON, MERLIN J
Address: 6130 EIDSON ROAD
City-St-Zip: ST. JOSEPH, MI 49085

Title: PTD () Delete
Name: BERNSON, J. D
Address: 4290 SUNNYMEADE DRIVE
City-St-Zip: ST. JOSEPH, MI 49085

Title: V (X) Delete
Name: STEMM, GENE
Address: 1460 NELSON RD
City-St-Zip: ST. JOSEPH, MI 49085

Title: SD () Delete
Name: HANSON, GREGORY
Address: 2875 S PIPESTONE RD
City-St-Zip: BENTON HARBOR, MI 49022

Title: V () Delete
Name: PATZKOWSKY, KEN
Address: 1405 MILLER DR
City-St-Zip: ST JOSEPH, MI 49085

Title: V () Delete
Name: CROSSMAN, H T
Address: 3500 HOLLYWOOD RD
City-St-Zip: ST JOSEPH, MI 49085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: H T CROSSMAN

V

03/29/2007

Electronic Signature of Signing Officer or Director

Date