2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9500006263

1. Entity Name HINSILBLON, LTD., INC.

Principal Place of Business

Mailing Address

12381 S. CLEVELAND AVE., STE. 201 FORT MYERS, FL 33907 US 12381 S. CLEVELAND AVE., STE. 201 FORT MYERS, FL 33907 US

FILED Apr 21, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03152008 No Chg-P CR2E034 (11/05)....

4. FEI Number	 	Applied For
52-1694303		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional puired

6. Name and Address of Current Registered Agent

BOWMAN & BOWMAN 1705 COLONIAL BLVD #B-1 FORT MYERS, FL 33907

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 i	applicable (NOTE, Registe	red Agent signatur	a required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLANKER, TIMOTHY W 2614 SE 12TH PL CAPE CORAL, FL 33904			. 000000908956			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINDIN, RICHARD J 2401 PENNSYLVANIA AVE W SUITE WASHINGTON, DC 20037	200	,		05/06/08-80051-008 150.00		
TITLE NAME STREET ADDRESS CITY ST-ZIP	SD SILVER, SIDNEY J 1100 NEW YORK AVE NW SUITE 700 WASHINGTON, DC 20005	8		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANKER, TIMOTHY W 820 NE 24TH LANE CAPE CORAL, FL 33909						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS 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.							