
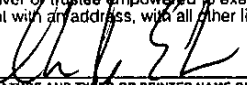


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90377 021 \*\*\*150.00

DOCUMENT # F97000002608					
1. Entity Name CHRISTOPHER E. HOBSON INC.					
Principal Place of Business 3242 E COAST HWY CORONA DEL MAR, CA 92625		Mailing Address 3242 E COAST HWY CORONA DEL MAR, CA 92625			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-0593586	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARACORP INCORPORATED 236 EAST 6TH AVE. TALLAHASSEE, FL 32303				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, CHRISTOPHER E		NAME		
STREET ADDRESS	510 BOLSA		STREET ADDRESS		
CITY- ST- ZIP	NEWPORT BEACH, CA 92663		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, CHRISTOPHER E		NAME		
STREET ADDRESS	510 BOLSA		STREET ADDRESS		
CITY- ST- ZIP	NEWPORT BEACH, CA 92663		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, DIANE		NAME	Albert Paolucci	
STREET ADDRESS	233 E 16TH PLACE E		STREET ADDRESS	3242 East Coast Highway	
CITY- ST- ZIP	COSTA MESA CA 92627		CITY- ST- ZIP	Corona del mar ca 92629	
TITLE		<input type="checkbox"/> Delete	TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Albert Paolucci	
STREET ADDRESS			STREET ADDRESS	3242 East Coast Hwy	
CITY- ST- ZIP			CITY- ST- ZIP	Corona del mar ca 92625	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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.					
SIGNATURE: 		christopher e. hobson		3-8-07 949-721-0905	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	