


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 021 ***150.00

DOCUMENT # F97000002608

1. Entity Name
CHRISTOPHER E. HOBSON INC.



Principal Place of Business Mailing Address
3242 E COAST HWY **3242 E COAST HWY**
CORONA DEL MAR, CA 92625 **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

6. Name and Address of Current Registered Agent
PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOBSON, CHRISTOPHER E	
STREET ADDRESS	510 BOLSA	
CITY-ST-ZIP	NEWPORT BEACH, CA 92663	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAOLUCCI, ALBERT	
STREET ADDRESS	3242 E. COAST HIGHWAY	
CITY-ST-ZIP	CORONA DEL MAR, CA 92679	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	PAOLUCCI, ALBERT	
STREET ADDRESS	3242 E. COAST HIGHWAY	
CITY-ST-ZIP	CORONA DEL MAR, CA 92625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT MARCONI	
STREET ADDRESS	3242 EAST COAST HWY	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
TITLE	Charles Michael ANUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	3242 EAST COAST HIGHWAY	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Christopher E. Hobson* **2-12-08** **949-721-0915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40023706



01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
33-0593586 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required