

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004761

Entity Name: FHG, INC. OF NORTH CAROLINA

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

6809 ORCHARD RIDGE DRIVE
CHARLOTTE, NC 28227 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 23030
CHARLOTTE, NC 28227 US

New Mailing Address:

FEI Number: 56-1345793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: S () Delete

Name: KINLEY, LYNN G

Address: 112 SUNSET CIRCLE

City-St-Zip: LOCUST, NC 28097 US

Title: P () Delete

Name: WRIGHT, JAMES N

Address: 1242 MILL RIGHT LANE

City-St-Zip: MATTHEWS, NC 28104 US

Title: D () Delete

Name: WRIGHT, JAMES N

Address: 1242 MILL RIGHT LANE

City-St-Zip: MATTHEWS, NC 28104 US

Title: T () Delete

Name: BUMGARNER, CHRISTINE P

Address: 9201 MORGAN GLENN DRIVE

City-St-Zip: CHARLOTTE, NC 28227 US

Title: () Delete

Name: WRIGHT, BENJAMIN D

Address: 7506 SWINFORD PLACE

City-St-Zip: CHARLOTTE, NC 28270 US

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: T/VP (X) Change () Addition

Name: BUMGARNER, CHRISTINE P

Address: 9201 MORGAN GLENN DRIVE

City-St-Zip: CHARLOTTE, NC 28227 US

Title: VP () Change (X) Addition

Name: WRIGHT, BENJAMIN D

Address: 7506 SWINFORD PLACE

City-St-Zip: CHARLOTTE, NC 28270 US

I hereby certify that the information supplied with this filing does not qualify 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: LYNN G. KINLEY

S

04/23/2007

Electronic Signature of Signing Officer or Director

Date