


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G73324</b> 1. Entity Name HOBBIT PLASTERING, INC.	
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Principal Place of Business 8 TALL TREE LANE TAYLORS, SC 29687 US	Mailing Address 8 TALL TREE LANE TAYLORS, SC 29687 US
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**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2379051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BENDER, ALAN  
236 LAKE TENNESSEE DR  
AUBURNDAL, FL 33828

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	000000652418 03/12/07-80018-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENDER, PHILLIP L 8 TALL TREE LN TAYLORS, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, DIANE 8 TALL TREE LN TAYLORS, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, ALAN 236 LAKE TENNESSEE DR AUBURNDAL, FL 33828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Phillip L. Bender 2/25/07 864-268-4263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #