


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # H39229 1. Entity Name HUNSAKER ENTERPRISES, INC.	
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Principal Place of Business 10543 NW 32 PL GAINESVILLE, FL 32606 US	Mailing Address 10543 NW 32 PL GAINESVILLE, FL 32606 US
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02112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2491962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNSAKER, ROBERT D. 10543 NW 32 PL GAINESVILLE, FL 32606
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**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIU, HELEN H.Y. 10542 NW 32 PL GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLDEN, CHARLES 2700 N.W. 43RD STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HUNSAKER, ROBERT D 10542 NW 32 PL GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/07-80007-024 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02-11-2007
Daytime Phone # _____