2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62589

Name: HOBARTS RESORTS, INC.

FILED Apr 09, 2009 Secretary of State

Entity Nar	ne: Hobari	S RESURTS, INC.			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	NG STREET Γ, FL 33040	US			
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
815 PEAC	PEZA & PARK OCK PLAZA F, FL 33040	S CPAS US	C/O OROPEZA & PARK 815 PEACOCK PLAZA KEY WEST, FL 33040	S CPAS US	
FEI Number:	65-0100778	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
815 PEAC KEY WES	& PARKS CP OCK PLAZA Γ, FL 33040 named entity : of Florida.	US	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () FANE, SMITH 815 PEACOCK KEY WEST, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TINLIN, GERRY 815 PEACOCK KEY WEST, FL	PLAZA	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: GERRY TINLIN YP 04/09/2009