

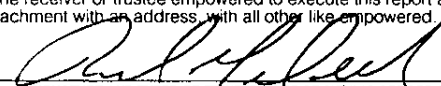


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90090 031 ***158.75

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| DOCUMENT # K85527 | | | |  | |
| 1. Entity Name HASHAYNE ENTERPRISES, INC. | | | | | |
| Principal Place of Business 9020 RANCHO DEL RIO DRIVE, SUITE 121 NEW PORT RICHEY, FL 34655 US | | | Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 121 NEW PORT RICHEY, FL 34655 US | | |
| 2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd. 102 Suite, Apt. #, etc. | | 3. Mailing Address 9400 River Crossing Blvd. 102 Suite, Apt. #, etc. | |  | |
| City & State New Port Richey, FL | | City & State New Port Richey, FL | | | |
| Zip 34655 | | Country Pasco | | 4. FEI Number 59-2946301 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> XZ | | Applied For Not Applicable | | CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent DEEB, RICHARD G 9020 RANCHO DEL RIO DRIVE, SUITE 121 NEW PORT RICHEY, FL 34655 | | 7. Name and Address of New Registered Agent Name Richard G. Deeb Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd. 102 City New Port Richey, FL Zip Code 34655 | | | |
| 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 reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT DEEB, RICHARD G. 9020 RANCHO DEL RIO DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT Richard G. Deeb 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SINDELAR, MARJORIE H. 9020 RANCHO DEL RIO STE 122 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Marjorie H. Sindelar 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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:  | | Date: 2/1/07 | | Daytime Phone #: 727-378-6831 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard G. Deeb, President | | | | | |