2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K86892 1. Entity Name HATLEY AND THOMPSON, INCORPORTED

FILED Jan 19, 2007 08:00 AN Secretary of State

8. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent HATLEY, JOHN LESLIE \$15 WASHINGTON ROAD MEST PALM BEACH, FL 33405 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. ### PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ### PALM BEACH, FL 33405 ### DO NOT WRITE IN THIS SPACE					1		. 1				
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IN THIS SPACE 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, when required agent and title it applicable. Signature, ly-special or printed name of registered agent and title it applicable. ONTE Registered Agent signature required agent when refused agent and state it applicable. PILE NOWILI FEE IS \$150.00	6. Name and Address of Current Registered Agent HATLEY, JOHN LESLIE						01042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required				
FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS DP HATLEY, JOHN LESLIE TREET ADDRESS THE HOMPSON, CARCUTY E. STS: WASHINGTON ROAD WEST PALM BEACH, FL 33405 TILE MAKE THE MAKE THE ADDRESS TITY-ST-2P TILE MAKE THE ADDRESS TITY-ST-2P T	NEST PALM BEACH, FL 33405 IN THIS SPACE In 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										
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. DP HATLEY, JOHN LESLIE 3515 WASHINGTON ROAD WEST PALM BEACH, FL 33405 TILE MAKE THEOMORES THE LORIESS THE LORIES THE LORIESS THE LORIES THE LORIES THE LORIES THE LORIESS THE LORIES TH	SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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	TREET ADDRESS HTY-ST-ZIP HTLE HAME HTREET ADDRESS HTY-ST-ZIP	sertify that the Informa	ation supplied with	this filling does not qua	≨fy for the exen	aptions conta	ained in Chapter 119	, Florida Statutes. I	further certify	r 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:

561366-9640 Daytime Phone #