2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N00000000051

Entity Name: HANSEN-BAYS, INC.

Current Principal Place of Business:

5546 10TH AVE
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61343
FT. MYERS, FL 339061343

New Mailing Address:

FEI Number: 65-0978389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLSON, RAY PAUL
15401 WILL LEW LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARLSON, RAY PAUL
Address: 15401 WILL LEW LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: CARLSON, MARY ANNE
Address: 15401 WILL LEW LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: CARLSON, DON PAUL
Address: 16307 HORIZON ROAD
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: D ( ) Delete
Name: MCBRIDE, RUTHANN
Address: 5180 HARBORAGE DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY P. CARLSON DIR 05/02/2008

Electronic Signature of Signing Officer or Director — Date