## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 28, 2008 08:00 AM **DOCUMENT # N00000004590 Secretary of State** 1. Entity Name HAWKINS HOMES, INC. Principal Place of Business Mailing Address 927 N.W. 6TH ST. 927 N.W. 6TH ST. POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 02212008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1045273 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLINGTON, CHARLES SR. DO NOT WRITE 137 N.W. 15TH STREET POMPANO BEACH, FL 33060-5434 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: Receivered Agent stonesure required when remetating) DATE \$5.00 May Be 9. Election Campaign Financing Filing Pee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS DILE NAME BROWN, DOROTHY D STREET ADDRESS 3005 LAMIRAGE DR CITY-ST-ZIP FORT LAUDERDALE, FL 33319 TITLE NAME MCLAMORE, JAMES 000000843014 03/11/08-80052-020 70.00 STREET ADDRESS 1584 NW SEVENTEENTH AVE CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE NAME ROBINSON, DONNETTA STREET ADORESS 701 NW 20TH ST DO NOT WRITE CITY-ST-7IP LAUDERHILL, FL 33351 TITI F IN THIS SPACE NAME ELLINGTON, CHARLES SR. STREET ADDRESS 137 N.W. 15TH ST. CITY-ST-7P POMPANO BEACH, FL 330605434 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 increasy certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TOER OR DERECTOR

Daytime Phone #