2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007095

Entity Name: H.A.S.O., INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13825 MAGNOLIA GLEN CIRCLE 7006 VIACARAGE CT ORLANDO, FL 32828 ORLANDO, FL 32818 US

Current Mailing Address: New Mailing Address:

P.O. BOX 580744

ORLANDO, FL 32858 US

FEI Number: 20-0169470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TELUSMA, SAMUEL JEAN W., LEBLANC 7006 VICARAGE CT 13825 MAGNOLIA GLEN CIRCLE US ORLANDO, FL 32828 ORLANDO, FL 32818

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: JEAN W. LEBLANC

04/11/2007 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JAQUES, MAX H. JEAN W., LEBLANC Name: Name:

553 CALIBRE CREST PKWY #103 Address: 7006 VICARAGE CT Address: City-St-Zip: ALTAMONTE SPGS, FL 32714 US City-St-Zip: ORLANDO, FL 32818 US

Title: () Delete Title: (X) Change () Addition JACQUES, MAX H. Name: DANTES, YVON Name:

Address: 1621 STERNS DR Address: 1621 STERNS DR City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748

Title: () Delete Title: (X) Change () Addition

TELUSMA, SAMUEL MAX, HENRY JACQUES Name: Name: 13825 MAGOLIA GLEN CIRCLE 553 CALIBRE CREST # 103 Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ALTAMONTE, FL 32714

Title: () Delete Title: () Change () Addition

COMPAS, PAULE MARIE Name: Name: 5212 ASHWOOD PLACE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip:

Title: () Delete Title: () Change () Addition

PHITO, MARCELIN Name: Name: 2415 WEYMOUTH Address: Address: KISSIMMEE, FL 34743 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN W. LEBLANC Ρ 04/11/2007