2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000003658

Entity Name: HYFAVOUR PRODUCTION INC.

FILED May 01, 2011 Secretary of State

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

P.O BOX 680580 6427 SALIS DRIVE ORLANDO, FL 32868

421

JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

P.O BOX 680580 6427 SALIS DRIVE

ORLANDO, FL 32868

JACKSONVILLE, FL 32216

FEI Number: 32-0308068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GRAHAM, LATARA A CEO GRAHAM, LATARA A CEO 313 W. ELLA J. GILMORE ST 6427 SALIS DRIVE

APOPKA, FL 32703 JACKSONVILLE, FL 32216 US

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: LATARA A GRAHAM 05/01/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

CEO

GRAHAM, LATARA A Name: Address: 6427 SALIS DRIVE #421 City-St-Zip: JACKSONVILLE, FL 32216

Title:

Name: BLAIR, TARSHA R Address: 6427 SALIS DRIVE 421 City-St-Zip: JACKSONVILLE, FL 32216

Title: VΡ

FUDGE, CARRIE Name: 6427 SALIS DRIVE 421 Address: City-St-Zip: JACKSONVILLE, FL 32216

Title: VΡ

Name: STEPHENS, IRMA 6427 SALIS DRIVE 421 Address: City-St-Zip: JACKSONVILLE, FL 32216

VΡ Title:

FUDGE, KERIA Name: 6427 SALIS DRIVE 421 Address: JACKSONVILLE, FL 32216 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: LATARA A GRAHAM CEO 05/01/2011