2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 06, 2007 8:00 am Secretary of State

04-06-2007 90036 033 ****70.00

DOCUMENT # N9400005527 1. Enlity Name HBHCI HUD 4, INC.				04	4-06-2007	90036 033 ****7	0.00
Principal Place of Business PO BOX 428 NEW PORT RICHEY, FL 34656-0428 Mailing Address PO BOX 428 NEW PORT RICHEY, FL 34656-0428				4000			P((8) 8) 1931
Principal Place of Business - No P.O. Box # Mailing Address							
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	ite, Apt. #, etc.		g-NP	CR2E037 (12/06)	
City & State		City & State	City & State		9) 	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Str	atus Desired	\$8.75 Adv Fee Require	
	6. Name and Address of Current R	Registered Agent	N	7. Name and Add	ress of New R	egistered Agent	
TORRENCE, ALFRED W JR			Name	.me			
6645 RIDGE ROAD PORT RICHEY, FL 34668			Street Addres	ss (P.O. Box Number is N	Not Acceptable	2)	
			City			FL Zip Coo	ie
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	stered agent, or both, in	the State of Flo		and accept
	tions of registered agent.	and perpendicularlying have	agratorea amba ar ragio	stored agont, or doin, in	ino olato di me	The state of the s	, uno docop.
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)		OATE	
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	·····		OATE ake check payable to the	
	Signature, typed or printed name of registered agent are Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	ake check payable t ida Department of S	tate
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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: