2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003571

FILED Jan 09, 2008 Secretary of State

Entity Name: ORIGINAL HOBO NICKEL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 5929 WEDGEWOOD VILLAGE CIR. LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 5929 WEDGEWOOD VILLAGE CIR. LAKE WORTH, FL 33463 FEI Number: 52-1788209 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: HALEY, DON L 5929 WEDGEWOOD VILLAGE CIR. LAKE WORTH, FL 33463 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TAYLOR, ARCHIE TAYLOR, ARCHIE Name: Name: 1500 W. HIGHLAND ST., LOT 225 Address: 4852 ROLLINGTON MEADOWS CIRCLE Address: City-St-Zip: LAKELAND, FL 33815 US City-St-Zip: LAKELAND, FL 33810 US Title: Title: () Delete () Change () Addition LANDIS, RON Name: Name: Address: C/O GALLERY MINT MUSEUM Address: City-St-Zip: EUREKA SPRINGS, AR 72632 City-St-Zip: Title: () Delete Title: () Change () Addition WALRAFEN, VERNE Name: Name: 12000 SUNSET RIDGR DRIVE Address: Address: City-St-Zip: OZAWKIE, KS 66070 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAYLOR, JAMES Name: C/O ICG, 7901 E.BELLEVIEW AVE Address: Address: ENGLEWOOD, CO 80111 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FIVAZ, BILL Name: Name: P.O.BOX 888660 Address: Address: DUNWOODY, GA 30338 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FARNSWORTH, DON Name: Name: Address: 241 SOUTHAMPTON DR. Address: VENICE, FL 34293 City-St-Zip: 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: ARCHIE TAYLOR P 01/09/2008