2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020317

Entity Name: IHEADHUNT.CC, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 S CENTRAL AVE **SUITE 3000** OVIEDO, FL 32765 **New Mailing Address: Current Mailing Address:** 23 ALAFAYA WOODS BLVD. # 196 OVIEDO, FL 32765 FEI Number: 59-3632685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SIEG, CHRISTIAN SIEG, CHRISTIAN 8663 GLYBORNE CT. 23 ALAFAYA WOODS BLVD US ORLANDO, FL 32825 196 OVIEDO, FL 32765 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: CHRISTIAN SIEG 04/24/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERRELL, JAMES W Name: Name: 1400 W FAIRBANKS AVE STE 102 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: SIEG. CHRISTIAN M Name: SIEG, CHRISTIAN M 8663 GLYBORNE CT. 23 ALAFAYA WOODS BLVD #196 Address: Address: ORLANDO, FL 32825 OVIEDO, FL 32765 City-St-Zip: City-St-Zip: Title: () Delete VΡ Title: VΡ (X) Change () Addition MITCHELL, JAMES MITCHELL, JAMES Name: Name: 137 MOSES CREEK BLVD. 23 ALAFAYA WOODS BLVD #196 Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change () Addition LOFGREN, PETER J LOFGREN, PETER J Name: Name: Address: 1119 TROTWOOD BLVD Address: 23 ALAFAYA WOODS BLVD #196 City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 OVIEDO, FL 32765

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LOFGREN P 04/24/2008