2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000032552 06-12-2007 90109 013 ***150.00 HAWTHORNE BUILDING & DEVELOPMENT CORPORATION, INC. 40120413 Principal Place of Business Mailing Address 202 LAKEVIEW DRIVE EAST 202 LAKEVIEW DRIVE EAST ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # - 4604 29 Hr Aug N Mailing Address 129 km Avel 4604 Suite, Apt. #, etc. Suite Apt # etc 06052007 CR2E034 (12/06) City & State Applied For 4. FEI Number 65-1007474 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAWTHORNE, JAMES W Street Address (P.O. Box Number is Not Acceptable) 202 LAKEVIEW DRIVE EAST ROYAL PALM BEACH, FL 33411 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent re, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE DVP ☐ Defete THILE Change Addition HAWTHORNE, JAMES W NAME NAME 202LAKVIEW DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE STARDANCER-HAWTHORNE, GRACE NAME NAME 202 LAKEVIEW DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-7IP ☐ Change ☐ Addition TETT F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a chapter like empowered. SIGNATURE:

FILED Jun 12, 2007 8:00 am