


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P00000056993 |  |
| 1. Entity Name HAHN REPORTING, INC. | |

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| Principal Place of Business 524 S. ANDREWS AVE - SUITE 303N FORT LAUDERDALE, FL 33301 US | Mailing Address 524 S. ANDREWS AVE - SUITE 303N FORT LAUDERDALE, FL 33301 US |
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1027755 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MOVENS, DENISE
11781 NW 9TH STREET
PLANTATION, FL 33323

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000314212 04/18/05-80157-017-150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MOVENS, DENISE 11781 NW 9TH STREET PLANTATION, FL 33325 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Denise Movens President 4/15/05 763-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #