
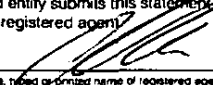
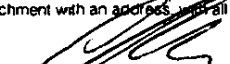


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-26-2007 90067 013 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P0000058417 1. Entity Name HAIMES COLEMAN GROUP, INC. | | | |  | |
| Principal Place of Business 4986 SW 52ND STREET #122 DAVE, FL 33314 | | | Mailing Address 321 MALLARD RD. WESTON, FL 33327 | | |
| 2. Principal Place of Business - No P.O. Box # 1671 NW 144th Terrace | | 3. Mailing Address Suite, Apt. #, etc. 101 | | | |
| City & State Sunrise, Florida | | City & State Sunrise, Florida | | 4. FEI Number 65-1014067 | |
| Zip 33323 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD. NW, STE. 401 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: 3/10/07 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAIMES, CHARLIE 321 MALLARD RD WESTON, FL 33327 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COLEMAN, DAVID 9912 MAJESTIC WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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, and all other like empowered. | | | | | |
| SIGNATURE:  DATE: 3/10/07 | | | | | |

66003471



02152007 Chg-P CR2E034 (12/06)