
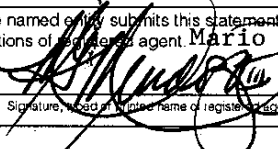
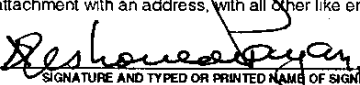


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90252 016 \*\*\*150.00

<b>DOCUMENT # P00000062158</b> 1. Entity Name <b>3955 HANOVER CORPORATION</b>					
Principal Place of Business <b>C/O MARIO G DE MENDOZA, III, P.A.          12765 FOREST HILL BLVD STE 1302          WELLINGTON, FL 33414</b>			Mailing Address <b>C/O MARIO G DE MENDOZA, III, P.A.          12765 FOREST HILL BLVD STE 1302          WELLINGTON, FL 33414</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>DE MENDOZA, MARIO G III PA          12765 FOREST HILL BLVD STE 1302          WELLINGTON BEACH, FL 33414</b>				7. Name and Address of New Registered Agent Name <b>Mario G. de Mendoza, III, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12765 Forest Hill Blvd., Suite 1302</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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 <b>Mario G. de Mendoza, III, P.A.</b> SIGNATURE  <b>Mario G. de Mendoza, III, President</b> <b>3/14/05</b> <small>Signature used must be name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSD PAYAN, ELIZABETH 3955 HANOVER CIRCLE LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D PAYAN, ELIZABETH 3955 HANOVER CIRCLE LOXAHATCHEE, FL 33470</b> <input checked="" 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	<b>S/T/D DORHOUT-MEES, MARINA I. 3955 HANOVER CIRCLE LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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.					
<b>SIGNATURE:  Elizabeth Payan, President</b> <b>4/15/05</b> <b>561-3337665</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>					

