


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90027 011 ***150.00

DOCUMENT # P00000107212

1. Entity Name
HDA INTERNATIONAL CONSTRUCTION, INC.



Principal Place of Business 5301 N. FEDERAL HWY. SUITE 210 BOCA RATON, FL 33487 US	Mailing Address 5301 N. FEDERAL HWY. SUITE 210 BOCA RATON, FL 33487 US
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2. Principal Place of Business - No P.O. Box # 777 E. ATLANTIC AVENUE	3. Mailing Address 777 E. ATLANTIC AVENUE
Suite, Apt. #, etc. 222	Suite, Apt. #, etc. 222

01072008 Chg-P CR2E034 (12/06)

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33483	Country Palm Beach

4. FEI Number 65-1055152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KRONAWITTER, JOHN J
 5301 N. FEDERAL HWY.
 SUITE 210
 BOCA RATON, FL 33487**

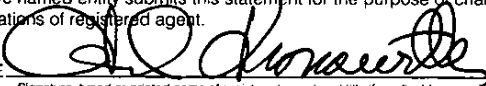
7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable):
**777 E. ATLANTIC AVE
 #222**

City: **Delray Beach** FL Zip Code: **33483**

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:  DATE: **1/22/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRONAWITTER, JOHN J		NAME "	
STREET ADDRESS 5301 N. FEDERAL HWY., SUITE 210		STREET ADDRESS 777 E. ATLANTIC AVE. #222	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP Delray Beach, FL 33483	
TITLE S	<input type="checkbox"/> Delete	TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRONAWITTER, CECILIA		NAME "	
STREET ADDRESS 5301 N. FEDERAL HWY., SUITE 210		STREET ADDRESS 777 E. ATLANTIC AVE. #222	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP Delray Beach, FL 33483	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:  DATE: **1/22/08**