2008 FOR PROFIT CORPORATION

FILED Apr 14, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P00000108837** THE HARDWICK GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 156 **611 GRAND CANYON DRIVE** VALRICO, FL 33595 VALRICO, FL 33594 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1057436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIELS, WILLIAM C DO NOT WRITE 611 GRAND CANYON DRIVE VALRICO, FL 33594 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTDC TITLE DANIELS, WILLIAM C NAME 611 GRAND CANYON DR STREET ADDRESS U00000898198 04/25/08-80078-016 158.75 CITY-ST-ZIP VALRICO, FL 33594 THLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-7IP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR