2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030017

1. Entity Name HANNAH E., INC.



FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business

4141 E. TAMIAMI TRAIL NAPLES, FL 34112 Mailing Address

4141 E. TAMIAMI TRAIL NAPLES, FL 34712



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P 4. FEI Number 59.3709601		CR2E034 (11/05)		
			Applied For	
			Not Applicat	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHAR, HANNAH E 4141 TAMIAMI TRAIL E. NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

				III TIIIO OI AGE		
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title r	(spplicable (NOTE: Registered	Agent signatur	raquired when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u></u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST KOCHAR, HANNAH E 4141 TAMIAMI TRAIL E. NAPLES, FL 34112					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000638198 02/27/07-80021-008 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE NAME						

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:

STREET ADDRESS CIFY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

2/14//01 239

239-352-292