


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 023 ***150.00

DOCUMENT # P01000081889	
1. Entity Name AL HAINES, INC.	

Principal Place of Business 845 BAYSHORE DRIVE ENGLEWOOD, FL 34223	Mailing Address 845 BAYSHORE DRIVE ENGLEWOOD, FL 34223
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40031254



2. Principal Place of Business - No P.O. Box # 5541 Natoma Drive	3. Mailing Address 5541 Natoma Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33919	Zip 33919
Country	Country

4. FEI Number 65-1134392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 S CLEVELAND AVE STE 107 FT MYERS, FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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 PSD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HAINES, BARBARA		NAME	
STREET ADDRESS 845 BAYSHORE DRIVE		STREET ADDRESS 5541 Natoma Drive	
CITY-ST-ZIP ENGLEWOOD, FL 34223		CITY-ST-ZIP FT. MYERS, FL 33919	
TITLE VTD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HAINES, ALFRED J		NAME	
STREET ADDRESS 845 BAYSHORE DRIVE		STREET ADDRESS 5541 Natoma Drive	
CITY-ST-ZIP ENGLEWOOD, FL 34223		CITY-ST-ZIP FT. MYERS, FL 33919	
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: Alfred J Haines **239 8254304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #