2007 FOR PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000109116 04-26-2007 90222 043 ***150.00 1. Entity Name HENDRICKS DEVELOPERS, INC. Principal Place of Business Mailing Address 40004100 1324 BAYVIEW DR 1324 BAYVIEW DR FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-1155658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGAL INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD **SUITE 404** WESTON, FL 33331 City Zip Code 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 it applicable. (NOTE: Registured Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **▼** Change Addition D ☐ Delete TITLE TITLE NAME HENDRICKS, SUZANNE NAME 1324 Bayview Drive Fort Lauderdale, FL33304 211 NURMI DRIVE STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP FORT-LAUDERDALE, FL-33301-CITY-ST-ZIP ☐ Addition ☐ Delete TITLE HENDRICKS, JEFF NAME NAME 1324 Bayview Drive Fort Lauderdale, FL 33304 STREET ADDRESS 211 NURMI DRIVE STREET ADDRESS CITY-ST-ZIP EORT LAUDERDALE, FL-33301-CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE C Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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

address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attach

SIGNATURE:

FILED