2007 FOR PROFIT CORPORATION

May 21, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-21-2007 90048 042 ***550.00 DOCUMENT # P02000022106 1. Entity Name MS-HHA II, INC. 40116709 Principal Place of Business Mailing Address 1666 KENNEDY CAUSWAY 1666 KENNEDY CAUSWAY 305 NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 02-0613265 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE LAW OFFICES OF CRAIG M. DORNE, PA Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD PHSE MIAMI BEACH, FL 33139 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition TITLE DORNE, ALAN NAME NAME 1666 KENNEDY CAUSEWAY #305 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP CITY-ST-ZIP PD Delete TITLE ☐ Change Addition ELKINS, ROBERT NAME NAME 1666 KENNEDY CAUSEWAY #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete SYKES, G. HARLEY NAME NAME STREET ADDRESS 1666 KENNDY CAUSEWAY #305 STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP Addition TITLE □ Delete TITLE Change EIKins, Shirlene NAME NAME 1666 Kennedy CAUSEWAY \$ 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS

es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information burdle and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecuje this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with this filling decided with this filling decided with the information supplied with this filling decided with the information supplied with this filling decided with the information supplied with the supplied with the information supplied with supplied with supplied with supplied wi indicated on this report or supplemental report is true and a of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all oth

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #