2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P02000037733

Entity Name: HIREASE, INC.

Current Principal Place of Business:

180 S PAGE STREET
SOUTHERN PINES, NC 28387

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2559
SOUTHERN PINES, NC 28388

New Mailing Address:

FEI Number: 75-3046971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENT, GREG MD
1475 BEACH AVENUE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

DENT, GREG MD
369 PLAZA
ATLANTIC BEACH, FL 32233 US

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.

SIGNATURE: 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DENT, HEIDI
Address: 180 S PAGE ST
City-St-Zip: SOUTHERN PINES, NC 28387

Title: CEO ( ) Delete
Name: DENT, PAUL A
Address: 180 S PAGE ST
City-St-Zip: SOUTHERN PINES, NC 28387

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI DENT PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date