


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90098 012 ***150.00

DOCUMENT # P02000066659	
1. Entity Name HOT NUTS, INC.	

Principal Place of Business 2200 N COMMERCE PKWY, STE 206 WESTON, FL 33326	Mailing Address 2200 N COMMERCE PKWY, STE 206 WESTON, FL 33326
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2. Principal Place of Business, No P.O. Box # 1201 Sawgrass Corp Pkwy	3. Mailing Address P.O. Box 267430
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise, FL	City & State Weston, FL
Zip 33325	Zip 33326
Country USA	Country USA

40106165

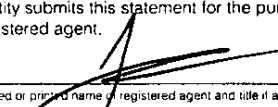


04302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0001367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 2200 N COMMERCE PKWY, STE 206 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1201 Sawgrass Corporate Parkway City Sunrise FL Zip Code 33325
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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  DATE 4/30/2007
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D KLITZMAN, ROBIN 2200 N COMMERCE PKWY, STE 206 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 Sawgrass Corporate Parkway Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 4/30/07	Daytime Phone # 954-384-4421
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		