2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067152

Entity Name: HEXAGON CORPORATION

FILED Mar 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 30 ANDREWS AVENUE DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 30 ANDREWS AVENUE DELRAY BEACH, FL 33483 FEI Number: 56-2403143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY SIMON AND SCHMIDT 1201 HAYS STREET 140 NORTHEAST 4TH AVENUE TALLAHASSEE, FL 33483 US DELRAY BEACH, FL 33483 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: ERNEST G. SIMON 03/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NIETO, ROBERTO JR Name: Name: 30 ANDREWS AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: DS () Delete () Change () Addition Name: NIETO, MARTHA Name: 30 ANDREWS AVENUE Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip: Title: Title: DT () Delete () Change () Addition NIETO, ESPERANZA Name: Name: 30 ANDREWS AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: (X) Change () Addition NIETO, MAURICIO NIETO, MAURICIO Name: Name: Address: 30 ANDREWS AVENUE Address: CALLE 101 NO 18-09 City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: BOGOTA, CO Title: Title: ΑD () Delete (X) Change () Addition NIETO, LUZ A Name: Name: NIETO, LUZ A 30 ANDREWS AVENUE Address: CALLE 101 NO 18-09 Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: BOGOTA, CO 33483

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: ROBERTO NIETO DP 03/29/2008