2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 30, 2008 08:00 AN Secretary of State **DOCUMENT # P02000080540** 1. Entity Name HF & P CORP Principal Place of Business Mailing Address 1 KEUKA BUSINESS PARK 7431 ASCOT CT PENN YAN, NY 14527 UNIVERSITY PARK, FL 34201 No Chg-P CR2E034 (11/05) 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 41-2052010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANSEN, DAVID T DO NOT WRITE 7431 ASCOT COURT UNIVERSITY PARK, FL 34201 IN THIS SPACE 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000804438 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 02/05/08-80069-003 150.00 OFFICERS AND DIRECTORS 10. TITLE HANSEN, DAVID T NAME 7431 ASCOT CT STREET ADDRESS UNIVERSITY PARK, FL. 34201 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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.

DAVIO TILIANSLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #