2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State
05-07-2007 90055 038 ***150.00

1. Entity Nam	MENT # P020000970 HI 00 INC.	95			03-07-200	77 90033 038	130.00
Principal Place of Business 2001 W. LYMINGTON WAY ST. AUGUSTINE, FL 32804 Mailing Address 2001 W. LYMINGTON WAY ST. AUGUSTINE, FL 32804			66019404 Harri of the tra tra con tractic little tractic linterval little tractic little tractic little tractic little tract				01 13 1 # /181
DO NOT WRITE IN THIS SPACE				04212007 No Chg-P CR2E034 (11/05) 4. FEI Number 33-0694764 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 5. Required Fee Required Fee Required 5. Certificate Required Fee Required 5. Certificate Required Required 5. Certificate Required Required 5. Certificate Required Required 5. Certificate Required Required 6. Certificate Required 6. Certificate Required 7. Certificate Required 7. Certificate Required 8. Fee Required 8			
	6. Name and Address of Current Re	istered Agent	 				
	E OO YMINGTON WAY STINE, FL 32804	DO NOT WRITE IN THIS SPACE					
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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							
- i*		T					
After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May 8e ed to Fees			
10.	OFFICERS AND DIF	ECTORS					
NAME	NWE OO, KHIN						ŀ
STREET ADDRESS CITY-ST-ZIP	2001 W. LYMINGTON WAY ST. AUGUSTINE, FL 32804		i				
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	certify that the information supplied with thi	tiling does not qualify for the ex-	emptions contained	I in Chapter 119, F	lorida Statutes. I fe	urther certify that the in	formation
12. I hereby certify that the information supplied with this tiling 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 cash; that I am an officer or director of the corporation or the receiver of 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.							
V d. xx							
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR Date Dayorin Proce #							