

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000116873

1. Entity Name
HP INVESTMENTS, INC.



Principal Place of Business

121 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

Mailing Address

121 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

11-3662963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MICHAEL F
121 E. HIBISCUS BLVD.
MELBOURNE, FL 32901

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

00000827375
+02/20/08-80073-025-150.00

10.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	PD
NAME	HOWARD, MICHAEL F
STREET ADDRESS	121 E. HIBISCUS BLVD.
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	VD
NAME	PETTIGREW, JAY
STREET ADDRESS	121 E. HIBISCUS BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-STATE-ZIP _____

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____