
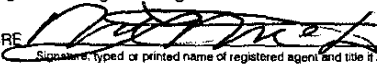
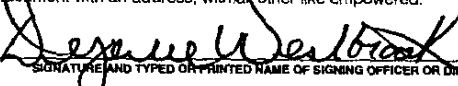


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90347 037 ***150.00

DOCUMENT # P03000035081 1. Entity Name HAYDEN INVESTMENTS, INC.					
Principal Place of Business 2901 CLENDENEN LANE LONGVIEW, TX 75605			Mailing Address 2901 CLENDENEN LANE LONGVIEW, TX 75605		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1100 TECH DRIVE Suite, Apt. #, etc.			
City & State		City & State LYNN HAVEN, FLORIDA		4. FEI Number 02-0695685	
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISLER, CHARLES S III 434 MAGNOLIA AVE. PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name MATTHEW L. McDONOUGH Street Address (P.O. Box Number is Not Acceptable) 521 E. 4TH ST City PANAMA CITY FL Zip Code 32401		
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  MATTHEW L. McDONOUGH DATE 4/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.					
SIGNATURE:  DETAREE WESTBROOK DATE 4/26/04 (860) 8199072 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					