2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 26, 2008 08:00 AN **Secretary of State** DOCUMENT # P03000042923 HUTSON REAL PROPERTIES, INC. Principal Place of Business Mailing Address 3940 NW 16TH BLVD, BLDG B Gainesville, FL 32605 POB 357399 GAINESVILLE, FL 32635 04022008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1689312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent HUTSON, DENISE LOWRY DO NOT WRITE 3940 N W16 BLVD BLDG B GAINESVILLE, FL 32605 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 egistered agent. the obligations of SIGNATURE inted name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating \$5.00 May 8e 9. Election Campaign Financing. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** DILE HUTSON, DENISE LOWRY NAME STREET ADDRESS 4924 SW 95 TERR GAINESVILLE, FL 32608 CITY-ST-ZIP U00000870151 04/09/08-80078-021 150.00 TITLE NAME HUTSON, BENNETT A STREET ADDRESS 4924 SW 95 TERR CITY-ST-ZIP GAINESVILLE, FL 32608 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 CITY-ST-ZIP 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 supplied entail 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 hypurstee 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 w SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #