2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT May 03, 2007 08:00 AM Secretary of State DOCUMENT # P03000044540 HICCORP, INC. Principal Place of Business Mailing Address **489 LAKESHORE DRIVE 489 LAKESHORE DRIVE** LAKE MARY, FL 32745 LAKE MARY, FL 32745 04052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0778725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUSS, ERIC D DO NOT WRITE 489 LAKESHORE DRIVE LAKE MARY, FL 32745 IN THIS SPACE 8. The above named entity submy's 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 SIGNATI 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000758292 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUSS, ERIC D NAME STREET ADDRESS 489 LAKESHORE DR CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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

all other like empowered

DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an addre

SIGNATURE:

FILED