
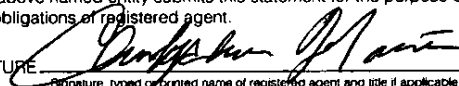
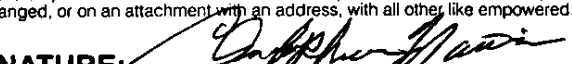


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 004 ***150.00

DOCUMENT # P03000105517 1. Entity Name HIGHER EXPECTATIONS PARTNERS, INC.																													
Principal Place of Business 284 NE 32 COURT OAKLAND PARK, FL 33334 US			Mailing Address 284 NE 32 COURT OAKLAND PARK, FL 33334 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip Country																										
4. FEI Number 20-0899920			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent MARTIN, ILIA Y 284 NE 32 COURT OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name Christopher A. Martin Street Address (P.O. Box Number is Not Acceptable) 284 NE 32 Court City Oakland Park FL Zip Code 33334																									
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  PT DATE 4/20/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PT</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTIN, CHRISTOPHER A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>284 NE 32 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND PARK, FL 33334</td> <td></td> </tr> </table>			TITLE	PT	<input type="checkbox"/> Delete	NAME	MARTIN, CHRISTOPHER A		STREET ADDRESS	284 NE 32 COURT		CITY-ST-ZIP	OAKLAND PARK, FL 33334		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  PT			DATE: 4/20/08 DAYTIME PHONE: (954) 565-3750																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													