2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State

Mailing Address SECOL W, ROCERS CIR SUIT = 11 MICHLAND BEACH, FL 33487 MICHLAND BEACH, FL 33	DOCUMENT # P03000135193 1. Entity Name H & D MANAGEMENT, INC.						01-19-2007 90025 020 ***150.00				
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City & State City & State Desired Since Address of Current Registered Agent Name SHELLER, HARVEY 2917 S. OCEAN BLVD 1105 B. The above named antilly submite 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 this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept this obligation of registered agent, or both, in the Sta	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
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SHELLER, HARVEY 2917 S. OCEAN BLVD 1105	6. Name and Address of Current Registered Agent				-	7. Name and	Address of New	Registered A	Agent		
Sirce Address (P.O. Box Numbor is Not Acceptable)	4 ONEW ED. LINEWEY				Name						
### City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the # applicable. (MOTE Progressed Agent syntheme required when remaining) ###################################	2917 S. OCEAN BLVD			:	Street Address (P.O. Box Number is Not Acceptable)						
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12. Thereby 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

116/07 561-706-7114