2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P03000152993 Apr 27, 2007 08:00 AM Secretary of State 1. Entity Namo HUGH BABCOCK, INC. Principal Place of Business Mailing Address . 1432 LAWRENCE PL. 1432 LAWRENCE PL JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1432 Laurence 1432 Lawrence Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3774657 Jacksonville Joeksanu Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Nuva Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BABCOCK, HUGH 1432 LAWRENCE PLACE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title i applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Change Addition ☐ Detete BABCOCK, HUGH NAME NAME U00000738803 1432 LAWRENCE PLACE STREET ADDRESS STREET ADORESS 05/11/07-80082-015 158.75 JACKSONVILLE FL 32211 CHY-SI-ZIP CHY-SI-ZIP ☐ Change Addition TITLE ☐ Delete TOTAL NAME NAMI STRUCT ADDRESS STREET LADORESS CITY-ST-ZIP CHY-SI-ZIP ☐ Change Addition ш Delete 100 NAME NAMÍ STREET ADDRESS STREET ADDRESS CITY+S1-ZIP CITY-ST-ZIP Delete Change Addition NAME. NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY+SI-7IP HID ☐ Delete mu' ☐ Change Addition NAMI NAME SIDLET ADDRESS STRULT ADDRESS COY-SI-7IP COY+ST-ZIP Delete Change ☐ Addition HILE NAME NAMÉ STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

NING OFFICER OF DIRECTOR

4-24-57 Date

FILED