2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2008 08:00 AN Secretary of State **DOCUMENT # P04000011359** 1. Entity Name DALE HEDGES CUSTOM, INC. Principal Place of Business Mailing Address 15 GOLFVIEW ROAD 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947 ROTONDA WEST, FL 33947 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0492295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEDGES, DALE A DO NOT WRITE 15 GOLFVIEW ROAD ROTONDA WEST, FL 33947 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000940456 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/28/08-80067-024 150.00 10. OFFICERS AND DIRECTORS TITLE HEDGES, DALE A NAME STREET ADDRESS 15 GOLFVIEW ROAD CITY-ST-ZIP ROTONDA WEST, FL 33947 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TΠLE NAME STREET ADDRESS CITY-ST-7IP