

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045989

FILED
Apr 24, 2007
Secretary of State

Entity Name: THOMAS HAINES EXPERIENCE, INC.

Current Principal Place of Business:

209 MAYFAIR CIRCLE WEST
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

209 MAYFAIR CIRCLE WEST
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, CHARLES W
209 MAYFAIR CIRCLE WEST
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAINES, DUANE A
Address: 10600 LAKE VISTA CIRCLE
City-St-Zip: SEMINOLE, FL 33772

Title: ST () Delete
Name: THOMAS, CHARLES W
Address: 209 MAYFAIR CIRCLE WEST
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. THOMAS

ST

04/24/2007

Electronic Signature of Signing Officer or Director

Date