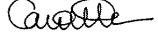
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 10, 2007 08:00 AM DOCUMENT # P04000053555 1. Entity Name **Secretary of State** HAAS COMMUNICATIONS GROUP, INC. Principal Place of Business Mailing Address **859 JEFFERY STREET** 859 JEFFERY STREET **SUITE 105 SUITE 105** BOCA RATON, FL 33486 BOCA RATON, FL 33486 No Cha-P CR2E034 (11/05) 07052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4299263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HAAS, CAROL DO NOT WRITE 859 JEFFERY STREET **SUITE 105** IN THIS SPACE BOCA RATON, FL 33486 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. 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 In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. COOD TITLE NAME HAAS, CAROL STREET ADDRESS 859 JEFFERY STREET, SUITE 105 CITY-SI-ZIP BOCA RATON, FL 33486 TITLE U00000768021 NAME HAAS, KENNETH R 07/10/07-80028-024 150.00 STREET ADDRESS 859 JEFFERY STREET, SUITE 105 CITY-ST-ZIP BOCA RATON, FL 33486 TIBLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CMY-ST-ZIP TISS F NAME STREET ADDRESS CRY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP



Carol Haas

July 5,2007