2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068482

Entity Name: HOODRIDGE UNLIMITED INC

FILED May 13, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6699 NW 60 PARKLANE	6 WAY), FL 33067				
Current Mailing Address:			New Mailing Address:		
6699 NW 66 WAY PARKLAND, FL 33067					
FEI Number:	20-1050432	FEI Number Applied For () FEI Nu	mber Not Applicable()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LEVIN, EILE 6699 NW 60 PARKLAND	6 WAY	US			
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	
	,	2)(b), F.S., the corporation did not receive	the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () C LEVIN, EILEEN 6699 NW 66 WA' PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E LEVIN, ILA B 6699 NW 66 WAY PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () C LEVIN, JOSEPH I 6699 NW 66 WA' PARKLAND, FL	Y .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C LEVIN, BARBARA 6699 NW 66 WAY PARKLAND, FL	Y	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EILEEN LEVIN PRES 05/13/2008