## FILED Apr 16, 2008 08:00 A Secretary of State

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nar  | MENT # P04000781<br>E HAWK TURN, INC.  |  |          |  |                   | , •                    |  |
|--|--|--|----------|--|-------------------|------------------------|--|
| 7387 WILLO   | ce of Business<br>DW SPRINGS CIRCLE E.<br>(EACH, FL 33436 US                                 | Mailing Address<br>7387 WILLOW SPRINGS CIRCLE<br>BOYNTON BEACH, FL 33436 | E.<br>Us |  |                   | , ;<br>,               |  |
| DENNIS, I  | 6. Name and Address of Current Reg<br>DERRICK<br>LOW SPRINGS CIRCLE E.                       |  |          | 04092008 4. FEI Numb 20-112 5. Certificate | No Chg-P          | \$8.75 Air Fee Require | Applied For<br>Not Applicable<br>dditional |
| 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 agenture required when remetating)  PILE NOWILL FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May 8e |  |  |          |  |                   |                        |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                                  | Trust Fund Contribution.   |          | 00 May Be<br>d to Fees                     | ի դակներին        | a-enane-nat            | 130.00                                     |
| TO.  TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE THE   | OFFICERS AND DIRE P, D DENNIS, DERRICK 7387 WILLOW SPRINGS CIRCLE E. BOYNTON BEACH, FL 33436 | CTORS  |          |  |                   |                        |  |
| NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP  |  |  |          | THE SHOP                                   | NOT WI<br>THIS SP | <b>建和伊克·塔拉尔</b>        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |  |  |          |  |                   |                        |  |
| CITY-ST-ZIP  |  |  |          |  |                   |                        |  |

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 supplied entail 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 of 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:

Server Server.