2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State **DOCUMENT # P04000158178** 02-21-2007 90020 036 ***158.75 THE HINE GROUP, INC. Principal Place of Business Mailing Address CLO MAUREEN DR 3200 TAMIAMI TRAIL NORTH SUITE 200 -MOUNT-SINAI, NY- 11766 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # . 3. Mailing Address 5020 S Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032007 Chg-P 4. FEI Number City & State Applied For 20-1906678 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LADEMAN, CARRIE E Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103 City Zip Code FI 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition **PVST** TITLE TITLE Delete HINE RICHARD J HINE, RICHARD J NAME NAME STREET ADDRESS 19 MAUREEN DR STREET ADDRESS ESTERO, FL CITY-ST-ZIP MOUNT SINAI, NY 11766 CITY-ST-ZIP TITLE Delete TITLE HINE RICHARD HINE, RICHARD J NAME NAME DSDS: TAMIAHITE STREET ADDRESS 19 MAUREEN DR STREET ADDRESS. MOUNT SINAI, NY 11766 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truetge 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 owered 2007 SIGNATURE:

SIGNING OFFICER OF DIRECTOR

FILED Feb 21, 2007 8:00 am

Daytime Phone #