2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 038 ***150.00

DOCUMENT # P05000013018

1. Entity Name
HLPPCTM INC.

Principal Place of Business	Mailing Address
2301 OLD BAINBRIDGE RD. APT H 912 TALLAHASSEE, FL 32303 US	P.O. BOX 180504 TALLAHASSEE, FL 32318 US

04192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2301 Old Bainbridge Rd			
Suite, Apt. #, etc. Apt C 306		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State	
Zip 32303	Country US	Zip	Country

4. FEI Number 20-2246601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESTER, JAMES 2784 HARTSFIELD ROAD TALLAHASSEE, FL 32303	Name James E. Lester Street Address (P.O. Box Number is Not Acceptable) 11408 Bridge Pine Dr City Riverview FL Zip Code 33569

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] 04-19-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D,P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LESTER, JAMES E		NAME		
STREET ADDRESS	P.O. BOX 180504		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32318		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: [signature] James Edward Lester 04-19-08 (850)-212-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #