


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 024 ***150.00

DOCUMENT # P05000085631

1. Entity Name
HABERMAN HUDSON & FREY, INC.



Principal Place of Business Mailing Address

12794 W. FOREST HILL BLVD.
 SUITE 15A
 WELLINGTON, FL 33414

12794 W. FOREST HILL BLVD.
 SUITE 15A
 WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4179 129th AVE **4179 129th AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

West Palm Beach **West Palm Beach**

Zip Country Zip Country

33411 **Palm Beach** **33411** **Palm Beach**

40060053



04112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2931474 Not Applicable

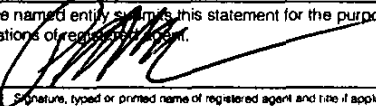
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HABERMAN, PHILIP S
 12794 W. FOREST HILL BLVD.
 SUITE 15A
 WELLINGTON, FL 33414

Name: **Haberman, Phil**
 Street Address (P.O. Box Number is Not Acceptable):
4179 129th AVE
 City: **West Palm Beach** **FL** Zip Code: **33411**

8. The above named entity swears 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:  DATE: **4-11-07**

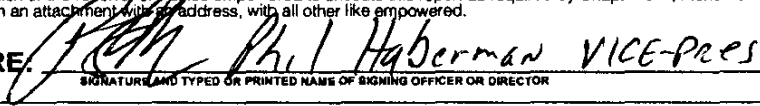
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERMAN, PHILIP S	NAME	
STREET ADDRESS	12794 W. FOREST HILL BLVD SUITE 15A	STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON, FL 33414	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, CHARLES	NAME	
STREET ADDRESS	1092 JOHNNIE DODDS BLVD. SUITE B-3	STREET ADDRESS	
CITY - ST - ZIP	MT. PLEASANT, SC 29464	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **4-11-07** Daytime Phone #: **561-422-1188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR