2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000088804 1. Entity Name HIDEAWAY MANAGEMENT GROUP, INC.

Principal Place of Business
146 SECOND ST NORTH - STE 103
ST PETERSBURG, FL 33701

Mailing Address

146 SECOND ST NORTH - STE 103 ST PETERSBURG, FL 33701 FILED Jan 31, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional

6. Name and Address of Current Registered Agent

MARGER, DAVID S 146 SECOND ST NORTH - STE 103 ST PETERSBURG, FL 33701 DO NOT WRITE

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 A			Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGER, DAVID S 146 SECOND ST NORTH - STE 103 ST PETERSBURG, FL 33701			- 2000000613617-4-7-0 02/05/07_90042-024-150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
โากเรี	1		Basicariotti fi the all the chart of a	医松脂酸钾 医橡胶 网络紫红锦葵 作为 医乳头 医肾上腺性病 化二氢化苯甲烷二烷

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 entaghment with an address. With all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

(121) 895-7115

Datykine Filone