2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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DOCUMENT # P05000092963 1. Entity Name HARTLAND HUMAN RESOURCES DEVELOPMENT INC.				Sec	eretary of Stat
2882 WEST 94TH DRIVE	Mailing Address 2882 WEST 94TH DRIVE GAINESVILLE, FL 32608 U	s			0 GUU USUR 1918 BUAN HINEN H USU
DO NOT WRITE IN THIS SPAC		CE	01082007	No Chg-P C	CR2E034 (11/05)
			5. Certificate		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MITCHELL, BRIAN 2882 WEST 94TH DRIVE GAINESVILLE, FL 32608		DO NOT WRITE IN THIS SPACE			
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 appril and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be led to Fees	000000 01/11/07-	583320 80067-008 150.00
10. OFFICERS AND DIRE TITLE PRES NAME MITCHELL, BRIAN STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	CTORS				
STREET ADDRESS CITY-ST-ZIP		Į	DO	NOT WR	ITE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 regeiver 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

BRIAN MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENTUBLOZ

IN THIS SPACE

Goul 3800491

Daytime Phone #