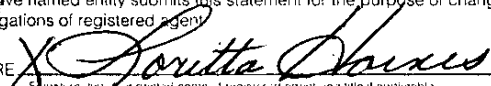
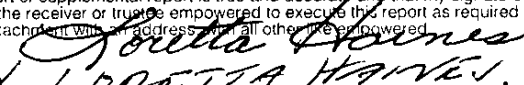


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 036 ***150.00

DOCUMENT # P05000098348					
1. Entity Name LORETTA HAINES, INC.					
Principal Place of Business 2101 WEST COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309			Mailing Address 2101 WEST COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 1170 HILLSBORO MILE		3. Mailing Address 1170 HILLSBORO MILE			
Suite, Apt. #, etc. #303		Suite, Apt. #, etc. #303			
City & State HILLSBORO BEACH, FL		City & State HILLSBORO BEACH, FL			
Zip 33062		Country USA		Zip 33062	
Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORMAN, ROBERT S 2101 W. COMMERCIAL BLVD SUITE 2800 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name LORETTA HAINES Street Address (P.O. Box Number is Not Acceptable) 1170 HILLSBORO MILE #303 City HILLSBORO BEACH FL Zip Code 33062		
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  DATE 4/8/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, LORETTA 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 and all other information.					
SIGNATURE:  DATE 4/8/08 954-8943 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					