FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90089 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111339

1. Entity Name
H & K HOBBIES, INC.

40054822

Principal Place of Business	Mailing Address
1774 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952	~~17293 38TH ROAD NORTH~~ ~~LOXAHATCHEE, FL 33470~~

03152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1774 SE Port St Lucie Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Port St Lucie, FL	
Zip	Country	Zip: 34952	Country: US

4. FEI Number: 34-2055261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULGUEIRA, HECTOR
~~17293 38TH ROAD NORTH~~
~~LOXAHATCHEE, FL 33470~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1774 SE Port St Lucie Blvd
City: Port St Lucie FL Zip Code: 34952

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
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FULGUEIRA, HECTOR P	
STREET ADDRESS	1774 SE PORT ST. LUCIE BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	SEC	☐ Delete
NAME	FULGUEIRA, KATIE S SEC	
STREET ADDRESS	1774 SE PORT ST. LUCIE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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, with all other like empowered.

SIGNATURE: X [signature] President 4/5/07 (772)380-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hector P Fulgueira