2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P05000139664** 1. Entity Name HULL HOUSE, INC. Principal Place of Business Mailing Address 10533 WEYBRIDGE DRIVE 10533 WEYBRIDGE DRIVE TAMPA, FL 33626 **TAMPA, FL 33626** 02222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3653876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HULL, ANNE M DO NOT WRITE 10533 WEYBRIDGE DRIVE **TAMPA, FL 33626** 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HULL, VINCENT E NAME STREET ADDRESS 10533 WEYBRIDGE DRIVE 06/02/08-80041-008 150.00 CITY-ST-ZIP **TAMPA, FL 33626** TITLE HULL, ANNE M NAME STREET ADDRESS 10533 WEYBRIDGE DRIVE CITY-ST-ZIP **TAMPA, FL 33626** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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

Anne M. Hull