FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90271 020 ***150.00

2007 FOR PROFIT CORPORATION

ANNUAL REPORT									
DOCUMENT # P05000162680 1. Entity Name RANDY HILL INC.					400	77857			
Principal Plac	e of Business	Mailing Address				-			
14722 208 ST OBRIEN, FL 32071		14722 208 ST OBRIEN, FL 32071			L (20 11 79) til 4	reisi biin som pari sai	al Here Sille Hele S	881 /EIN ES1	/89: II /881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092007	Chg-P	CR2E034 ((12/06)	
City & State		City & State			4. FEI Number Applied For 20-3961376 Not Applicable				
Zip Country		Zip Count				of Status Desired	Fee	.75 Add Required	
6. Name and Address of Current Registered Agent				16	7. Name and	Address of New R	legistered Age	<u>nt</u>	
HILL, RANDY 14722 208 ST			Stre	Street Address (P.O. Box Number is Not Acceptable)					
OBRIEN, FL 32071									
			City				FL	Zip Code	-
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									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/0	CHANGES TO OFF	·· ·		
TITLE NAME	P/D HILL, RANDY	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	14722 208 ST OBRIEN, FL 32071		STREET ADDR	ESS					
TITLE	VP/T	☐ Delete	TITLE	VP/	T		12	Change	Addition
NAME Street Address	HILL, RANDY 14722 208 ST		NAME STREET ADDR	T. E	RIC HILL 3 ZOOTH	ST.			ļ
CITY-ST-ZIP	OBRIEN, FL 32071		CITY-ST-ZIP	MCI	ALPIN , F	L 3206	,2		
TITLE	S	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	HILL, RANDY 14722 208 ST		NAME STREET ADDRI	ess					ĺ
CTTY-ST-ZIP L	OBRIEN, FL 32071		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	•		NAME STREET ADDR	ESS					ļ
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE] Change	☐ Addition
NAME STREET ADDRESS			name Street addr	ESS					
CITY-ST-ZIP	it		CITY-ST-ZIP						
TITLE	,	Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADOR	ESS					1
CITY-ST-ZIP	اين نون ا		CITY-ST-ZIP						
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 conception of the receiver or this report is required by Chapter 807. Block 11 if									

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 Blockanged, or on an attachment with an address, with all other like empowered.

L-Y-Thurlow E Helet -18-07