## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

Sos TIDCAN VALLEY PLACE ORLANDO, FL 32825  Silin. April 4. etc.  Sue. April 5. etc.  Sue. April 6. etc.  Sue. April 7. dec.  Sue. April 7. dec.  Sue. April 7. dec.  Sue. April 8. etc.  City & Sue. April 8. etc.	DOCUMENT # P0600001198  1. Entity Name H & G INTERNATIONAL BUSINESS, INC.						05-14-2007	7 90086 00	7 ***150	0.00
Suite, Apt. #, ctc.   City & State	9059 TUSCA	N VALLEY PLACE	9059 TUSCAN VALLEY PLACE							101 N 201
City & State    City & State   City	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
April	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282007	Chg-P	CR2E03	4 (12/06)	
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Substitution   Subs	Zip	Country Zip Co		Coun	try	5 Certificate of Status Desired \$8.75 Additional				
STRET ADMINST STRETA A		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
STREET ADDRESS OR LANDO, FL 32825  STREET ADDRESS OR STREET ADDRESS OR LANDO, FL 32825					Name					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. With a purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. In the state of Florids and Accept the Addition of the State of Florids and Accept the Addition of the State of Florids and Accept the Addition of the Addition of the Addition of the Accept the Addition of the Addition of the Accept the Addition of the Addition of the Accept the Addition of the Accept the Accept th	9059 TUSCAN VALLEY PLACE			Street Address (P.O. Box Number is Not Acceptable)						
Addition  The bove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the poligations of registered agent.  SigNATURE  SigNATURE  THLE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITIS Fund Contribution.  TITIS  CITY-ST-2P  COTANIA, HUSSEIN R  9059 TUSCAN VALLEY PLACE  ORLANDO, FL 32825  CITY-ST-2P  ORLANDO, FL 32825	OND	7,12 02020								
SIGNATURE Spatials, Topic or prised range of mposend agens and list of applicable.    FILE NOW!!!   FEE IS \$150.00	· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Code	9	
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After May 1, 2007 Fee will be \$550.00	SIGNATURE.	Signature, typed or printed name of registered agent	and trile if applicable. (NOTE	: Registere	d Agent signature requi	red when rematating)		DATE		
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indicated on this report or supplemental report is true and accuste 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.