2008 FOR PROFIT CORPORATION

FILED Apr 23, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P06000046775 HATFIELD & ASSOCIATES, INC. Principal Place of Business Mailing Address 4233 CHESTERFIELD CIRCLE **4233 CHESTERFIELD CIRCLE** PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 03252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 70-4614666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HATFIELD, BETSY W DO NOT WRITE 4233 CHESTERFIELD CIRCLE PALM HARBOR, FL 34683 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HATFIELD, BETSY W 4233 CHESTERFIELD CIRCLE STREET ADDRESS CITY-SI-ZIP PALM HARBOR, FL 34683 U00000914820 05/08/08-80072-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby 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:

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