

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


APPROVAL  
AND  
FILED

08 FEB - 0 AM 10: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LD  
2-8-08

DOCUMENT # P06000057618  
1. Entity Name  
EDWARD W HAWKINS, INC.



Principal Place of Business 850 N MIAMI AVE 408W MIAMI, FL 33136	Mailing Address 850 N MIAMI AVE 408W MIAMI, FL 33136
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01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3175468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, EDWARD W  
850 N MIAMI AVE  
408W  
MIAMI, FL 33136

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
400116413274  
01/30/08--01002--020 \*\*1166.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARD, HAWKINS W 850 N MIAMI AVE 408W MIAMI, FL 33136
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Edward W Hawkins Date: 2/2/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #