2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P06000105933 04-30-2007 90469 009 ***150.00 HANSELMAN INVESTMENT MANAGEMENT, INC. Principal Place of Business Mailing Address - - - UNAU 9316 SOUTHWEST 12TH AVENUE 9316 SOUTHWEST 12TH AVENUE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama HANSELMAN, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 9316 SOUTHWEST 12TH AVENUE GAINESVILLE, FL 32607 City 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. 1 am familiar with, and accept the obligations of registered agent 4.27.2007 ne 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 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change ☐ Addition TITLE Delete NAME HANSELMAN, ROBERT W NAME STREET ADDRESS 9316 SOUTHWEST 12TH AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition HANSELMAN, ELIZABETH K NAME NAME STREET ADDRESS 9316 SOUTHWEST 12TH AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MALVAR, GEORGE J NAME 121 SOUTHWEST 70TH STREET STREET ADDRESS STREET ADDRESS OCALA, FL 34476 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Kelet Hausehum Robert W. Hanse man 4.27.2007
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP