FILED May 23, 2007 8:00 am Secretary of State 05-01-2007 90052 020 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120562 1. Entity Name HOOKED ON STUFF, INC.							03 01 20	07 7002	,2 020	130.00
Principal Place of Business 3196 SW 117 CT OCALA, FL 34481		3	Mailing Address 3196 SW 117 CT OCALA, FL 34481			1,000,000	Il ebire aun ebire belij sbij	De liftik aren en	Itas Prifa Ams (1)	915 Et ft (901
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State		4. FEI Numb	8049/6	3		oplied For ot Applicable	
Zip	Country			Coun	try	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ARCH, KIM G 3196 SW 117 CT OCALA, FL 34481				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	a
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.						ered agent, or bo	oth, in the State of Flo	• =	ternillar with.	and accept
SIGNATURE										
Signalure, typed or printed numb of registered agent and life if expectable. (NOTE: Registered Agent a grature regular when ref								DATE		
FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10. OFFICERS AND DIRECTORS 11.					ADDITIONS	/CHANGES TO OFFI	ICERS AND	DIRECTORS	SIN 11	
MANE	P Delets IIIL								Change	Addition
STREET ADDRESS CITY-ST-ZP	TADDRESS 3196 SW 117 CT ST				ET ADDRESS -S1-ZIP					
THLE	VP Delete IIIL				· I				Change	☐ Addition
NAME STREET ADDRESS	KOLIS, AMY A RAM 3198 SW 117 CT SIR				ET ADDRESS					
CUTY-ST-ZDP	I .				-ST-ZIP					
TITLE	Delete 1910				•				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			Delete	TITL	<u> </u>			_	Change	Addition
NAME STREET ADDRESS				NAM Stre	E Et adoress					
CITY-S1-21P			·		-ST-DP					
TITLE HAME			☐ Delete	TITU					Change	Addition
STREET ADDRESS CITY-ST-ZIP				SIRE	ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITU	l				☐ Change	Accelorate
NAME STREET ADDRESS CHY-ST-ZIP					E ET ADORESS -SE-ZIP					
12. Thereby certify that the information supplied with this tiling 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 at changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Date Description Date Description Date Description Descrip										
	BIGHATURE AND	TYPED OR PRINTE	NAME OF SIGNING OFFICER	OR DIRECT	TOR		Date	n.	avterna Discours a	— — -4