2007 FOR PROFIT LURPORATION ANNUAL REPORT

Secretary of State 05-14-2007 90096 001 ***150.00 **DOCUMENT # P06000134034** 1. Entity Name HVT GLOBAL, INC. 40113400 Principal Place of Business Mailing Address 5777 BENEVA ROAD SOUTH **5777 BENEVA ROAD SOUTH** SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 130 5702 CLARK RD Suite, Apt, #, etc. Suite, Apt. #, etc. 05042007 Chg-P CR2E034 (12/06) 4. FEI Number City & State Applied For City & State 20-5824004 Not Applicable RUSKIN, SARASOTA, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 33575 U.S. 34233 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAKER, MICHAEL L. SWANEY, NATALIF 5777 Beneve Rd S SARASOTA, FL 34283 Street Addiese (P.C. Bax Number in Not Acceptable) City SARASOTA 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 MICHAEL L. BAKER SIGNATURE. (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PSTD Addition XIII Change ☐ Delete TITLE FITLE NAME RYAN, DANIEL J NAME 5777 BENEVA ROAD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34233 VPSTD TITLE X Change Addition ☐ Delete TITLE NAME FRISTOE, JENNIFER M NAME STREET ADDRESS 5777 BENEVA ROAD SOUTH STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7/P 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 supplied with this ritue 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 ampowered. JENNIFER FRISTOE atutes; and that my name appears in Block 10 or Block 11 if 5/**9** /07 DIRECTOR 703-786-7520 SIGNATURE: Daytime Phone

FILED May 14, 2007 8:00 am