

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90039 028 \*\*\*150.00

<b>DOCUMENT # P07000046596</b>																																																																																																																																			
<b>1. Entity Name</b> HAAG-PRIME, INC.																																																																																																																																			
<b>Principal Place of Business</b> 9251 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836			<b>Mailing Address</b> 9251 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 4963 International Drive		<b>3. Mailing Address</b> 105 E SR 434																																																																																																																																	
Suite, Apt. #, etc. 2C-15		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b> Winter Springs FL		<b>4. FEI Number</b> 20-8861772																																																																																																																															
<b>Zip</b> 32819		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> LIU, TUN MIN 9251 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																																																	
<b>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.</b>																																																																																																																																			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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 prepare 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, which did not change.</b>																																																																																																																																			
<b>SIGNATURE:</b> _____ <span style="float: right;">4/17/08 407-706-1378</span>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																																																																																																																			