2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 8:00 am Secretary of State **DOCUMENT # P07000054658** 03-03-2008 90204 020 ***150.00 HANNDY COMPANY, INC. Principal Place of Business Mailing Address 4498 KINGSTON DRIVE 4498 KINGSTON DRIVE HERNANDO BEACH, FL 34607 HERNANDO BEACH, FL 34607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MALLUCK: WENDY-L Street Address (P.O. Box Number is Not Acceptable) 4498 KINGSTON DRIVE HERNANDO BEACH, FL 34607 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name 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 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P.VP TITLE PRESIDENT Change ☐ Addition TITLE Delete MALLUCK, WENDY L. 4498 KINGSTON DRIVE HERNANDO BEACH, FL 34607 MALLUCK, WENDY L NAME NAME STREET ADDRESS STREET ADDRESS 4498 KINGSTON DRIVE HERNANDO BEACH, FL 34607 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDEN Addition ☐ Change TR Delete TITLE TITLE MALLICK, HENRY W. JR. KONEN, TYLER J NAME NAME 4498 KINGSTON DRIVE STREET ADORESS 4498 KINGSTON DRIVE STREET ADORESS HERNANDO BEACH, FL 34607 HERNANDO BEACH, FL 34607 CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE Change ■ Addition SEC TITLE SORRELS, TAYLER A NAME NAME STREET ADDRESS STREET ADDRESS 4498 KINGSTON DRIVE CRY-ST-7P HERNANDO BEACH, FL 34607 CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

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 attachgent with an address, with all other like empowered.

FILED