## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 26, 2008 8:00 am Secretary of State

| Pinchage Place of Business 1500 BEVILLE RD 650-394 DATIONA BEACH, FL 32114  2. Principal Phace of Business - No P.O. Box # 3. Mailing Address Suite, Apr. 4, etc.   D1302008   ChgP   CR2634 (12/06)  2. Principal Phace of Business - No P.O. Box # 3. Mailing Address Cry & State   A. FEI Number 2 6 - 0.145594   Replace for Cry & State       | DOCUMENT # P0700055674  1. Entity Name HKB CONSULTING INC   |   |                                     |  |  | Secretary of State 02-26-2008 90003 027 ***150.00 |   |                                |                            |
|--|---|---|-------------------------------------|--|--|---|---|--------------------------------|----------------------------|
| 1500 BYTULE RD   616-394   606-394     | Principal Plac  | e of Business   | Mailing Address                     |  |  | <del>-</del>                                      |   |                                |                            |
| ### State of Business - No P.O. Box # 2. Mailing Address    Suite, Apt. #, sto.   01302008   Chg-P   CRZEDM (12/08)    Cory & State   City & State   City & State   Country   A FEI Number 2 6 - 0/1/557/1   Main Applicable 7cc    Zep   Country   2   Country   A FEI Number 2 6 - 0/1/557/1   Main Applicable 7cc    S. Hame and Address of Current Registered Agent   7. Name and Address of New Registered Agent    SHEEHAN AND ASSOCIATES INC   1702 RIGIGEWOOD AVE.   Street Address (P.O. Box Number in Not Acceptable)    B. HOLLY HILL, FL 32117   City   Street Address of Current Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number in Not Acceptable)   Street Address of P.O. Box Number in Not Acceptable)   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Number in Not Acceptable   Street Address of P.O. Box Num   | <del>-</del>  |   | <u> </u>                            |  |  |   |   |                                |                            |
| 2. Principal Place of Busines - No P.O. Box # 3. Mailing Address  Solie, Apt. #, etc.   Suite   Suite   Suite, Apt. #, etc.    City & State   Country   Zip   Country   S. Central of Suitus Desired   \$2.75 Additional PRO Registered Agent   No Applicable    Name and Address of Current Registered Agent   Name   Name   Registered Agent   Steel Additional PRO Registere  | 606-394 606-394   |   |                                     |  |  | •.  |   |                                |                            |
| Sulle, Apt. 8, ofc.   Sulle, Apt. 8, ofc.   Sulle, Apt. 8, ofc.   O1302008   ChgP   CR2E034 (12/06)    Coy & State   Cry & State   Cry & State   Cry & Country   Cou     | DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114   |   |                                     | 114  |  |   | I <b>ar</b> in larn kala <b>ar</b> in <b>er</b> i | n evivi ono: okir olin 1901 e: | OFRST IS COME              |
| City & Siste  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Eax Number is Not Acceptable)   | 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address                  |  |  |   |   |                                |                            |
| Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Foe Required Roman Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Nam    | Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                 |  |  |   | _   | , ,                            |                            |
| Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Anditional Fee Required Agent   To Name and Address of New Registered Agent   To Name and Address of Name and Add    | City & State  |   | City & State                        |  |  | 4. FEI Numb                                       | 76-01   | 45594 AF                       |                            |
| SHEEHAN AND ASSOCIATES INC 1702.RIDGEWOOD AVE BHOLLY HILL, FL 32117  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Portida. I am familiar with, and ac   | Zip Country   |   | Zip Country                         |  | ·y   | 1   |   | □ \$8.75 Add                   | ditional                   |
| SHEEHAN AND ASSOCIATES INC  1702.RIDGEWOOD AVE_ B HOLLY HILL, FL 32117    City   FL   Zyp Code   |   | 6. Name and Address of Current I                          | Registered Agent                    | <del></del>  | <del></del>  | 7. Name and                                       | Address of New R                                  |                                | <u>"</u>                   |
| STREET ADDRESS OFFI-S 29114    Street Address (P.O. Box Number is Not Acceptable)  | 3115511441  |   |                                     |  |  |   |   |                                |                            |
| ### City #### City ####################################  | 1702.RIDGEWOOD AVE  |   |                                     | . [  | Street Address (P.O. Box Number is Not Acceptable)                                       |   |   |                                |                            |
| 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature    | _   | LL, FL 32117  |                                     |  |  |   |   |                                |                            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature  |   |   |                                     |  | City   |   |   | FI Zip Cod                     | le                         |
| Spranum, hord or or mind rating afternot agent and tile specificable   NOTE Required Agent spranum required when rematative)   PATE  | The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.  |   |                                     |  | d office or registe  | red agent, or bo                                  | th, in the State of Flo                           |                                | and accept                 |
| Note        | •   |   |                                     |  |  |   |   |                                |                            |
| After May 1, 2008 Fee will be \$\$50.00  Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE BAIRD, KAREN STREET ADDRESS CITY-ST-2P DAYTONA BEACH, FL 32114  TITLE TITLE TITLE TITLE TORSES TORS |   |   |                                     |  | Agent signature require  | d when reinstating)                               |   | DATE                           | <del></del>                |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP  DAYTONA BEACH, FL 32114  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  DAYTONA BEACH, FL 32114  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME   | After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.   |   |                                     |  | ~ _ +•   |   |   |                                |                            |
| NAME SIREET ADDRESS CITY-ST-2P DAYTONA BEACH, FL 32114  TITLE BAIRD, KAREN 1500 BEVILLE RD DAYTONA BEACH, FL 32114  TITLE BAIRD, HERBERT 1500 BEVILLE RD DAYTONA BEACH, FL 32114  TITLE BAIRD, HERBERT 1500 BEVILLE RD DAYTONA BEACH, FL 32114  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET AD   |   |   |                                     | -  |  | ADDITIONS   | CHANGES TO OFF                                    | ICERS AND DIRECTOR             | S IN 11                    |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |   |   | ☐ Delete                            |  |  |   |   |                                | <u> </u>                   |
| CITY-ST-ZIP  DAYTONA BEACH, FL 32114  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZI   |   | BAIRD, KAKEN  |                                     |  |  |   |   | ☐ Change                       |                            |
| TITLE NAME SIREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZPP TITLE NAME SIREET ADDRESS CITY-ST-ZPP SIRET ADDRESS   | ,   | 1500 REVILLE RD   |                                     | NAME   |  |   |   | ☐ Change                       |                            |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME   | CITY-ST-ZIP   |   |                                     | name<br>Street   | T ADDRESS  |   |   | ☐ Change                       |                            |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | · · · · · · · · · · · · · · · · · · ·   | DAYTONA BEACH, FL 32114<br>VP                             |                                     | NAME<br>STREET<br>CITY-S   | T ADDRESS  |   |   |                                | Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | TITLE<br>NAME   | DAYTONA BEACH, FL 32114<br>VP<br>BAIRD, HERBERT           |                                     | NAME<br>STREET<br>CITY-S<br>TITLE<br>NAME  | T ADDRESS<br>ST-ZIP  |   |   |                                | Addition                   |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT   | TITLE NAME STREET ADDRESS   | DAYTONA BEACH, FL 32114 VP BAIRD, HERBERT 1500 BEVILLE RD |                                     | NAME<br>STREET<br>CITY-S<br>TITLE<br>NAME<br>STREET  | T ADDRESS<br>ST-ZIP  |   |   |                                | Addition                   |
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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.

SIGNATURE:

aren Dam

Karen Baivo

2-18-20

386-871-22

Davime Phone #