2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072261

Entity Name: HIS ENERGY, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4044 WEST LAKE MARY BLVD. #104-152

200 E. WASHINGTON STREET
MINNEOLA, FL 34755 US

Current Mailing Address: New Mailing Address:

4044 WEST LAKE MARY BLVD. #104-152 PO BOX 2040

LAKE MARY, FL 32746 MINNEOLA, FL 34755 US

FEI Number: 26-0275085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, RALPH E
4044 WEST LAKE MARY BLVD. #104-152
ANDERSON, RALPH E
200 E. WASHINGTON S

4044 WEST LAKE MARY BLVD. #104-152 200 E. WASHINGTON STREET LAKE MARY, FL 32746 US MINNEOLA, FL 34755 US

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.

SIGNATURE: RALPH ANDERSON 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEIVA, JAIME
 Name:
 ANDERSON, RALPH

 Address:
 P.O. BOX 714
 Address:
 PO BOX 2040

 City-St-Zip:
 GROVELAND, FL 34736
 City-St-Zip:
 MINNEOLA, FL 34755

Title: D (X) Delete Title: () Change () Addition

 Name:
 ANDERSON, RALPH E
 Name:

 Address:
 4044 WEST LAKE MARY BLVD. #104-152
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 HENDRIX, MARLENE P
 Name:

 Address:
 1241 DOVER CIRCLE
 Address:

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 HENDRIX, BILLY E
 Name:

 Address:
 1241 DOVER CIRCLE
 Address:

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH ANDERSON D 04/30/2008