

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081296

FILED
Apr 28, 2008
Secretary of State

Entity Name: Y-HAT ASSOCIATES, INC.

Current Principal Place of Business:

1822 ATLANTIS PLACE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1822 ATLANTIS PLACE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAO, CLYDE L
1307 WALDEN ROAD
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRISPO, NEIL
Address: 1822 ATLANTIS PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: JORGENSEN, DAN
Address: 14822 AQUARIUS ST.
City-St-Zip: CORPUS CRISTI, TX 78418

Title: PRIN () Delete
Name: MAVIMA, PAUL
Address: 3826 WEDGEWOOD SW
City-St-Zip: WYOMING, MI 49519

Title: PRIN () Delete
Name: BROWER, RALPH S
Address: 2204 WALL ST.
City-St-Zip: TALLAHASSEE, FL 32309

Title: PRIN () Delete
Name: DIAO, CLYDE L
Address: 1307 WALDEN ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRIN () Change (X) Addition
Name: KLAY, EARL
Address: 3222 INDEPENDENCE COURT
City-St-Zip: TALLAHASSEE, FL 32312

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: CLYDE L. DIAO

Electronic Signature of Signing Officer or Director

PRIN

04/28/2008

_____ Date