FILED Mar 19, 2008 8:00 am Secretary of State

2006 F	ANNUAL REPORT

02-04-2008 90043 016 ***150.00 DOCUMENT # P07000086954 FOCUSED HEDGING SPECIALISTS - FHS. INC. Principal Place of Business Mailing Address 66004336 2851 SOUTH OCEAN BOULEVARD 2851 SOUTH OCEAN BOULEVARD SUITE 6V SUITE 6V BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0595809 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCBREARTY, ALAN Street Address (P.O. Box Number is Not Acceptable) 2851 SOUTH OCEAN BOULEVARD SUITE 6V BOCA RATON, FL 33432 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P. D TUTLE TITLE Change Addition ☐ Delete MCBREARTY, ALAN NAME NAME STREET ADDRESS 2851 SOUTH OCEAN BOULEVARD, SUITE 6V STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De lete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De lete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the infernation 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 suppliemental 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 of 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 atta e empowered. SIGNATURE INING OFFICER OR DIRECTO Date Daytime Phone #

Alan McBrearty, President