2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007761

Entity Name: HASHROCKET, INC.

FILED Jan 26, 2009 Secretary of State

Littly Nan	ie. HASHROC	RET, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
60 OCEAN BLVD., SUITE 11 ATLANTIC BCH, FL 32233				320 NORTH 1ST STREET 712 JACKSONVILLE BEACH, FL 32250			
Current Mailing Address:				New Mailing Address:			
60 OCEAN BLVD., SUITE 11 ATLANTIC BCH, FL 32233				PO BOX 51553 JACKSONVILLE, FL 32240			
FEI Number:	26-1808127	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of S	status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
100 W. CY	OON MARDER PRESS CREEK RDALE, FL 33	RD., SUITE 700					
The above in the State		ıbmits this statement for the pu	ırpose of	changing it	s registered o	ffice or registe	red agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
Election Can	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	SMITH, MARK 60 OCEAN BLVD ATLANTIC BCH, I	•		Title: Name: Address: City-St-Zip: Title:	SMITH, MARK 320 NORTH 1S JACKSONVILLE	Change () Add T STREET #713 E BEACH, FL 32: Change () Addi	250
Name: Address: City-St-Zip:	PHELAN, MARIAI 40 CAT RD. PONTE VEDRA E	N		Name: Address: City-St-Zip:	()	Change () Addi	1011
Title: Name: Address: City-St-Zip:	D ()EFERNANDEZ, OB 525 3RD ST. N., S JACKSONVILLE,	#504		Title: Name: Address: City-St-Zip:	FERNANDEZ, C	T STREET #713	ition

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: MARK S SMITH D 01/26/2009