2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017815

Entity Name: HR MANAGEMENT AND LEGAL SOLUTIONS, INC.

FILED Apr 17, 2009 Secretary of State

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|--|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | MUDA SOUNI N BEACH, FL | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | MUDA SOUNI NBEACH, FL | | | | |
| FEI Number: 26-1995549 FEI Number Appl | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| EAGLE TAX REPRESENTATION, CORP. 23150 SANDALFOOT PLAZA DR. STE E BOCA RATON, FL 33428 US | | | 4641 NORTH STATE | EAGLE TAX REPRESENTATION, CORP. 4641 NORTH STATE ROAD 7, SUITE 18 CORAL SPRINGS, FL 33065 US | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | 04/17/2009 | |
| | Electro | nic Signature of Registered Ac | jent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | LIDDLE, MICH 8348 BERMUE |) Delete AEL JA SOUND WAY ACH, FL 33436 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DV (CATES, STEVI 422 DOGWOO EDEN, NC 27: | D LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: MICHAEL LIDDLE DP 04/17/2009