

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064319

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** HB FORECLOSURE SOLUTIONS, INC.

**Current Principal Place of Business:**

5901 US HIGHWAY 19  
SUITE 7D  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US HIGHWAY 19  
SUITE 7D  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 26-2946344      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURNARD, HARRY  
5901 US 19  
7D  
NEW PORT RICHEY, FL 34652 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  
**Name:** BURNARD, HARRY  
**Address:** 5901 US HIGHWAY 19, STE. 7D  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** S  
**Name:** WHITE, MARY A  
**Address:** 5901 US HIGHWAY 19, STE. 7D  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** T  
**Name:** WHITE, MARY A  
**Address:** 5901 US HIGHWAY 19  
**City-St-Zip:** SUITE 7D, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: MARY A WHITE

CEO

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date