2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053999

Entity Name: JAMES HOGELAND, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

242 S.E. PARADISE PL. 301 S.W. INDIAN GROVE DR. STUART, FL 34997 US STUART, FL 34994 US

Current Mailing Address: New Mailing Address:

242 S.E. PARADISE PL.
STUART, FL 34997 US
301 S.W. INDIAN GROVE DR.
STUART, FL 34994 US

FEI Number: 65-0448365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOGELAND, JAMES
242 S.E. PARADISE PL.
STUART, FL 34997 US
HOGELAND, JAMES
301 S.W. INDIAN GROVE DR.
STUART, FL 34994 US

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: 04/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HOGELAND, JAMES Name: HOGELAND, JAMES

Address: 242 SE PARADISE PL Address: 301 S.W. INDIAN GROVE DR.

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34994

Title: T () Delete Title: T (X) Change () Addition Name: HOGELAND, TERESA Name: HOGELAND, TERESA

Address: 242 SE PARADISE PL. Address: 301 S.W. INDIAN GROVE DR.
City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34994

Title: V () Delete Title: () Change () Addition

 Name:
 SCHIMDT, RICKIE
 Name:

 Address:
 1115 LAKE SHORES DR. APT. 105
 Address:

 City-St-Zip:
 LAKE PARK, FL
 33403
 City-St-Zip:

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: JAMES HOGELAND P 04/17/2008