2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A **DOCUMENT # P93000081022 Secretary of State** 1. Entity Name HPS PROPERTIES, INC. Principal Place of Business Mailing Address **3240 NW PERIMETER ROAD** 3240 NW PERIMETER ROAD PALM CITY, FL 34990 US PALM CITY, FL 34990 02272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0481158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIECHOTA, MARILYN DO NOT WRITE 3240 N.W. PERIMETER ROAD PALM CITY, FL 34990 IN THIS SPACE 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 U00000845114 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 03/[3/08-80026-014 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TELLE NAME HERMANSKI, STANLEY STREET ADDRESS 1000 NORTH U.S. HWY #1 A-502 CITY-ST-7IP JUPITER, FL 33477 TITLE NAME PIECHOTA, MARILYN STREET ADDRESS 3240 N.W. PERIMETER ROAD CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME SNETSINGER, DAVID STREET ADDRESS 701 WATERWAY DR DO NOT WRITE NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information 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 supplemental 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 or 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THE OF PROTES MAKE OF SIGNING OFFICER OR DIRECT

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