2007 FOR PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P93000083186** 04-26-2007 90202 040 ***150 00 1. Entity Name **HK-2 INVESTMENT CORPORATION** Principal Place of Business Mailing Address PO BOX 510758 3095 S A1A MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 95 Pine Tree Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEi Number Applied For Indialantic, FL 59-3214972 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32903 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Millius, Hiu Yuen</u> MELLLIUS, HIU YEN Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive 3095 S A1A MELBOURNE BCH, FL 32951 City Indialantic, 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 legis ered agent. April 17, 2007 SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PD Change ☐ Addition MILLIUS, HIU Y NAME MARKE Millius, Hiu Y STREET ADDRESS STREET ADDRESS 3095 S A1A 95 Pine Tree Drive CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP Indialantic, FL 32903 TITLE ☐ Delete TITLE XXChange ☐ Addition Tollmann, William M NAME TOLLMAN, WILLIAM M NAME 95 Pine Tree Drive 3095 S A1A STREET ADDRESS STREET ADDRESS MELBOURNE BEACH, FL 32951 CITY-ST-ZIP CITY-ST-ZIP Indialantic, FL 32903 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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.

April 17, 2007

321-984-7543

William M. Tollmann

SUBMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED