2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 15, 2008 8:00 am **Secretary of State DOCUMENT # P93000088699** 1. Entity Name 01-15-2008 90033 022 ***150.00 HABURG, INC. Principal Place of Business Mailing Address 8918 EAGLE WATCH DRIVE 8918 EAGLE WATCH DRIVE 20002000 RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3218358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANDENBURG, HAROLD A DO NOT WRITE 8918 EAGLE WATCH DR RIVERVIEW, FL 33509 IN THIS SPACE 33578 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRANDENBURG, HAROLD A MAME STREET ADDRESS 8918 EAGLE WATCH DR CITY-ST-ZIP RIVERVIEW, FL 33569 33578 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED