2007 FOR PROFIT CORPORATION

Jan 18, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P94000064459 01-18-2007 90111 029 ***150.00 H & S HOLDINGS, INC. Principal Place of Business Mailing Address 3760 NW 83RD ST 3760 NW 83RD ST STE 1 STE 1 GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 US 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3266072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODOR, ANDREW G DO NOT WRITE 3760 NW 83RD ST STE 1 IN THIS SPACE GAINESVILLE, FL 32606 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HODOR, HOWARD NAME STREET ADDRESS 3760 NW 83RD ST STE 1 CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME HODOR, ANDREW G STREET ADDRESS 3760 NW 83RD ST STE 1 GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED