## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 10, 2008 08:00 A

|   |  |  | _ Secretary at Sig                               |                          |                       |                                    |          |
|---|--|--|--|--------------------------|-----------------------|------------------------------------|----------|
| DOCUMENT # P95000016064  1. Entity Name DAVID HYMAN, INC.   |  |  | Secretary of St                                  |                          |                       |                                    |          |
| Principal Plac<br>3415 BEACH<br>TAMPA, FL   | I DRIVE  | Mailing Address<br>3415 BEACH DRIVE<br>TAMPA, FL 33629 |  |                          | I (410)               |                                    |          |
| D   | OO NOT WRITE   | CE   | 02162008 No Chg-P CR2E034 (11/05)  4. FEI Number |                          |                       |                                    |          |
| 6. Name and Address of Current Registered Agent HYMAN, DAVID 3415 BEACH DRIVE TAMPA, FL 33629   |  |  | DO NOT WRITE<br>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 |  |  |  |                          |                       |                                    |          |
| FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |  |  | .00 May Be<br>ed to Fees | U00000<br>  03/26/08- | )8526 <mark>84</mark><br>-80038-02 | 5 150.00 |
| 10.  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIF D HYMAN, DAVID 3415 BEACH DRIVE TAMPA, FL 33629 | ECTORS   |  |                          | NOT W                 |                                    |          |
| TITLE<br>NAME   |  |  |  |                          |                       |                                    |          |

12. Thereby 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

March 1 Date 2008

813 D67.17-9599