2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P95000029011 04-24-2007 90016 016 ***158.75 1. Entity Name HILL'S ENTERPRISES, INC. Principal Place of Business Mailing Address 261 S.W. 13TH STREET DANIA FL 33004 261 S.W. 13TH STREET DANIA FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0584321 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, ANITA M 261 S.W. 13TH STREET DANIA FL 33004 Street Address (P.O. Box Number is Not Acceptable) 8. The above named ontity 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DHE ☐ Delete 11111 ☐ Change ☐ Addition HILL, JEFFERY L NAME NAME 261 S.W. 13TH STREET STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY ST 7IP Addition Delete HILL, ANITA M NAME NAME 261 S.W. 13TH STREET STREET ADDRESS STREET ADDRESS DANIA FL CITY-ST ZIP CHY SI-ZIP Addition juig HILE HILL, JEANINE L NAME NAME 261 S.W. 13TH STREET STREET ADDRESS STREET ADORESS DANIA FL 33004 CITY ST-ZIP CHY ST 7IP HILE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY - ST - 7/P CHY ST ZIP ☐ Addition HILE TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP ■ Addition TITLE Delete THE ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CITY - ST - ZIP

FILED