

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069669

Entity Name: HANDSOME, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 15855
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

2104 DELTA WAY STE 2
TALLAHASSEE, FL 32303 US

Current Mailing Address:

POST OFFICE BOX 15855
TALLAHASSEE, FL 32317

New Mailing Address:

POST OFFICE BOX 15855
TALLAHASSEE, FL 32317 US

FEI Number: 59-3338610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, RICHARD M P.A.
2104 DELTA WAY
SUITE 6
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SHOVLAIN, PAUL J
2104 DELTA WAY
SUITE 2
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: PAUL J. SHOVLAIN

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SHOVLAIN, PAUL J
Address: POST OFFICE BOX 15855
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SHOVLAIN, PAUL J
Address: POST OFFICE BOX 15855
City-St-Zip: TALLAHASSEE, FL 32317 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J SHOVLAIN

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date