



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90325 041 \*\*\*150.00

<b>DOCUMENT # P95000074629</b>					
<b>1. Entity Name</b> HOOGLAND ORLANDO, INC.					
<b>Principal Place of Business</b> 120 E. COLONIAL DRIVE ORLANDO, FL 32801 <i>CHANGE BOTH 1516 E. HILLCREST ST., STE. 210 ORLANDO FL 32803</i>			<b>Mailing Address</b> 120 E. COLONIAL DRIVE ORLANDO, FL 32801 <i>1516 E. HILLCREST ST., STE. 210 ORLANDO FL 32803</i>		
<b>2. Principal Place of Business - No P.O. Box #</b> 1516 E. HILLCREST ST. Suite, Apt. #, etc. <i>STE. 210</i>		<b>3. Mailing Address</b> 1516 E. HILLCREST ST. Suite, Apt. #, etc. <i>STE. 210</i>		 01142008 Chg-P CR2E034 (12/06)	
<b>City &amp; State</b> ORLANDO FL		<b>City &amp; State</b> ORLANDO FL			
<b>Zip</b> 32803	<b>Country</b> USA	<b>Zip</b> 32803	<b>Country</b> USA	<b>4. FEI Number</b> 65-0613882	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MITCHELL, CHARLES J JR <del>120 E. COLONIAL</del> 1516 E. HILLCREST ST. ORLANDO, FL <del>32801</del> 32803				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE <i>[Signature]</i> DATE <b>4-9-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete VAN BEEK, PERRY L P.O. BOX 123 N/A 5600 AC ENDSHOVER NL 40-12475,	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete VAN BEEK, JOYCE P.O. BOX 123 N/A 5600 AC ENDSHOVER NL 40-12475,	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <input type="checkbox"/> Delete <del>MITCHELL, CHARLES J JR</del> <del>120 E. COLONIAL DR.</del> ORLANDO, FL <del>32801</del>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MITCHELL, CHARLES J. 1516 E. HILLCREST ST., STE. 210 ORLANDO FL 32803		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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 another like empowered.</b> SIGNATURE <i>[Signature]</i> DATE <b>4-9-08</b>					