2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078974

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Entity Na	me: HAXAN F	ILMS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
1000 UNIV	/ERSAL STUD	OS PLAZA				
	A, STE 235 D, FL 32819	US				
Current Mailing Address:			New Mailing Address:			
	EHAHA CIRCL D, FL 32751	E US				
FEI Number: 59-3469833		FEI Number Applied For ()	FEI Number Not App	licable () Certific	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:	
1000 UNIV BLDG 22A	RE, WILLIAM L /ERSAL STUD \ SUITE 247 D, FL 32819 U					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title:	HALE, GREGG 130 MINNEHAH MITLAND, FL 3		Title: Name: Address: City-St-Zip: Title:	HALE, GREGG 130 MINNEHAHA CIRCL MAITLAND, FL 32751	() Addition E () Addition	
Name: Address: City-St-Zip:	MYRICK, DAN 130 MINNEHAH MAITLAND, FL		Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	V () SANCHEZ, ED 130 MINNEHAH MAITLAND, FL		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	S () MONELLO, MIK 1902 MERRITT ORLANDO, FL	PARK DR	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	MR () Change COWIE, ROBIN	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: MAITLAND, FL 32751

SIGNATURE: ROBIN COWIE MR 04/25/2008