2007 FOR PROFIT CORPORATION ANNUAL REPORT

Hanania,

President

FILED DOCUMENT # P98000045088 1. Entity Name 07 MAR -9 PM 3: 17 HANANIA IMPORTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7200 BLANDING BOULEVARD 7200 BLANDING BOULEVARD JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address CR2E034 (12/06) Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-P City & State 4. FEI Number Applied For City & State 59-3519532 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANANIA, JACK Y Street Address (P.O. Box Number is Not Acceptable) 7200 BLANDING BLVD JACKSONVILLE, FL 32244 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 0000092282480 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 |3/12/07--01017--016 **158.75 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, DPS Delete Change Addition THLE DITTE HANANIA, JACK Y NAME NAME STREET ADDRESS 7200 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32244 THUE DV ☐ Delete TILLE ☐ Change Addition HANANIA, DEBORAH NAME NAME STREET ADDRESS 7200 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP AS ☐ Change **Addition** HILE Delete TITLE NORRIS, IDA B NAME NAMÉ STREET ADDRESS 7200 BLANDING BLVD STREET AUDRESS CITY-ST-718 JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition AΤ McAdoo, Rosa Ann 7200 Blanding Boulevard NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32244 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on 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 ith an address, with all other like/empowered. 3-7-07 (904)777-5600 SIGNATURE:

Date