2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078445

Entity Name: HOGAN ACQUISITION CORP.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 EAST KENNEDY BLVD. 16506 POINTE VILLAGE DRIVE SUITE 4000

SUITE 201

TAMPA, FL 33602 LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

101 EAST KENNEDY BLVD. 16506 POINTE VILLAGE DRIVE

SUITE 4000 SUITE 201 TAMPA, FL 33602

LUTZ, FL 33558

FEI Number: 59-3533812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MILLS, RAYMOND E MILLS, RAYMOND E

101 EAST KENNEDY BOULEVARD 16506 POINTE VILLAGE DRIVE

SUITE 4000 SUITE 201

TAMPA, FL 336020000 US LUTZ, FL 33558 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: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

HOGAN, MICHAEL Name: Name: HOGAN, MICHAEL

101 E KENEDY BLVD #4000 16506 POINTE VILLAGE DRIVE SUITE 201 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: LUTZ, FL 33558

Title: **VPS** Title: **VPS** () Delete (X) Change () Addition

MILLS, RAYMOND E Name: MILLS. RAYMOND E Name:

101 E. KENEDY BLVD #4000 16506 POINTE VILLAGE DRIVE SUITE 201 Address: Address:

TAMPA, FL 33602 LUTZ, FL 33558 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition AS

REBACK, DEBRA J Name: REBACK, DEBRA J Name:

101 E. KENNEDY BLVD., STE 4000 16506 POINTE VILLAGE DRIVE SUITE 201 Address: Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: LUTZ, FL 33558

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.

SIGNATURE: RAYMOND E MILLS **VPS** 04/30/2007