2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095827

Entity Name: H.F.S. VIRGINIA, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	INGFORD D S, VA 20109	R				
Current Mailing Address:			New Maili	ing Address:		
500 FAIRW 101 DEERFIEL	'AY DRIVE D BEACH, FL	33441				
FEI Number:			FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
500 FAIRW SUITE 204 DEERFIELI	D BEACH, FL	. 33441 US				
in the State		submits this statement for the pur	pose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	nic Signature of Registered Agent		Date		
Election Carr	ıpaign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	S:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	CHAMBERLAN 500 FAIRWAY DEERFIELD B VP (HERRLE, KEN	DR., SUITE 101 EACH, FL 33441) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (X) Change () Addition CHAMBERLAND, MARC J 500 FAIRWAY DR., SUITE 101 DEERFIELD BEACH, FL 33441 VPS (X) Change () Addition ANDERSON, JIM 500 FAIRWAY DR. SUITE 101		
City-St-Zip:		EACH, FL 33441	City-St-Zip:	DEERFIELD BEACH, FL 33441		
Title: Name: Address: City-St-Zip:	ANDERSON, J 500 FAIRWAY		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition FARRISS, ROBERT 500 FAIRWAY DR STE 101 DEERFIELD BEACH, FL 33441		
Title: Name: Address: City-St-Zip:	V (DERENOYARE 7973 WELLING MANASSAS, V	FORD RD	Title: Name: Address: City-St-Zip:	BDM (X) Change () Addition SHUTLOCK, JOHN 7973 WELLINGFORD RD MANASSAS, VA 20109		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	GM () Change (X) Addition CROWDER, BARRY 500 FAIRWAY DR STE 101 DEERFIELD BEACH, FL 33441		

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: JIM ANDERSON VPS 01/24/2008