2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

Multing Address	DOCUMENT # P99000044510 1. Entity Name HAYES UNLIMITED, INC.						04-28-2008 9	90402 029 **	·*15().00	
2. Principal Place of Business - No P.O. Box # 3. Marling Address 4. FEI Number 04232008 ChgP CR2634 (12/06)	Principal Plac	e of Business	Mailing Address		•	1	-				
Suite, Apt. # etc.			470 HOPE HULL CT.								
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City & State	2. Principal P	3. Mailing Address	lailing Address								
Country Zp							Chg-P	CR2E034 (1:	2/06)		
Country Zip Country Zip Country S. Certificate of Status Desired \$9.8.75 Additionally and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent Ag	City & State		City & State			!	125		———		
Name	Zip	Country	Zip Coun		try			□ \$8.7	5 Add	litional	
HAYES, CARPER D 470 HOIZE HULL CT GREEN COVE, FL 32043 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip		6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New R	egistered Agent			
## Addition No. Street Address (P.O. Box Number is Not Acceptable)	HAVES C	ARDER D			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or givend name of registered agent and ten if approximate ten in approximation required agent supmits and accept the obligations of registered agent. (MOTE: Required Agent supmits required agent and ten if approximation required agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the obligations of registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the supmits registered agent. (MOTE: Required Agent supmits registered agent, or both, in the State of Florida. I am tarriflar with, and accept the supmits registered agent. (Interpolation of registered agent. (Interpolation	470 HOPE HULL CT.				Street Address (P.O. Box Number is Not Acceptable)						
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12. Thereby 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	····	portification information according to the	h this Cline doo			: in Ohani - 440 1	Table Over the 11	Construe of the construence of t		·	

Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida 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 all other like empowered.