2008 FOR PROFIT CORPORATION

Mar 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-05-2008 90025 042 ***150.00 DOCUMENT # P99000065223 HAT ENTERPRISES, INC. Principal Place of Business Mailing Address 1324 SOUTH MAIN STREET 1324 SOUTH MAIN STREET BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-0949118 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HILL, H. E. 1324 SOUTH MAIN STREET BELLE GLADE, FL 33430 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 famili \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition PD TITLE TITLE **D**elete HILL, H. E NAME 1324 SOUTH MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP BELLE GLADE, FL 33430 ☐ Oelete TITLE Change ☐ Addition TITLE ALSTON, BARBARA H NAME 1324 SOUTH MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL 33430 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Oelete TOLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Horseshow TRACE CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

FILED