
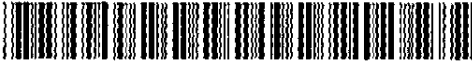
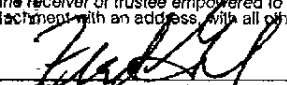


FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000090763		Secretary of State	
1. Entity Name HANNAH CORPORATION			
Principal Place of Business 17031 BROOKWOOD DRIVE BOCA RATON, FL 33496		Mailing Address 10711 RED RUN BLVD 101 OWINGS MILLS, MD 21117	
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 52-5229297	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
GREENBERG, FRED 17031 BROOKWOOD DRIVE BOCA RATON, FL 33496			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENBERG, FRED 17031 BROOKWOOD DR. BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBERG, EVELYN 17031 BROOKWOOD DR. BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. If the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information reported 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.			
SIGNATURE: 		1/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	