2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-22-2007 90103 006 ***150.00

DOCUMENT # S27910

1. Entity Name
EAST HOOGEWERFF, INC.

Principal Place of Business	Mailing Address
3804 GUNN HIGHWAY, SUITE B TAMPA, FL 33618	~~3750 GUNN HIGHWAY,~~ ~~SUITE 1E~~ TAMPA, FL 33618

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3804 Gunn Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc. B
City & State	City & State TAMPA Fl
Zip / Country	Zip 33618 / Country

4. FEI Number 59-3078385 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAMMERS, ROBERT J. ~~3750 GUNN HIGHWAY,~~ ~~SUITE 1E~~ ~~TAMPA, FL 33618~~	Name: Robert Dammers Street Address (P.O. Box Number is Not Acceptable): 3804 Gunn Highway suite B City: Tampa FL Zip: 33618

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAMMERS, RJ		NAME	
STREET ADDRESS	~~3750~~ 3804 GUNN HIGHWAY, SUITE ~~1EX~~		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAVEROCK DAMMERS, AH		NAME	
STREET ADDRESS	~~3750~~ 3804 GUNN HIGHWAY, SUITE ~~1EX~~		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Dammers 1/18/07 813 931 3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anne H. Laverock Dammers
3804 Gunn Highway, Suite B
TAMPA, FL 33618