



**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S70271</b>				<b>Jan 29, 2007 08:00 AM</b>	
1. Entity Name <b>H.D. HANNA, INC.</b>				<b>Secretary of State</b>	
Principal Place of Business <b>1608 WEY BRIDGE CIR VERO BEACH FL 32963</b>		Mailing Address <b>1608 WEY BRIDGE CIR VERO BEACH FL 32963</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/06)	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number <b>65-0274492</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOLCHAN, KATHLEEN M. 1401 E BROWARD BLVD STE 303 FT LAUDERDALE FL 33301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HANNA, HUGH D. 711 SHADY LAKE LN VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000608248 02/01/07-80002-009 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLASSEN, KATHERINE H 711 SHADY LAKE LN VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANNA, JUDY N. 711 SHADY LAKE NANE VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Hugh D Hanna Pres.</u> <u>HUGH D HANNA</u> 1-27-07					