


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 035 ***150.00

DOCUMENT # F05000001841	
1. Entity Name THE HANA GROUP, INC.	

Principal Place of Business 841 BISHOP STREET SUITE 2204 HONOLULU HI 96813	Mailing Address 325 CHESTNUT STREET SUITE 405 PHILADELPHIA PA 19106
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 325 Chestnut Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 415
City & State	City & State Philadelphia, Pennsylvania
Zip	Zip 19106
Country	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 99-0320188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code FL

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD COOPER, DAVID K 1106 W. ABINGDON DRIVE ALEXANDRIA VA 22314 <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	VCVP COCKETT, IRWIN K 469 ENA ROAD, #506 HONOLULU HI 96815 <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 COCKETT, IRWIN K 469 ENA ROAD, #506 HONOLULU HI 96815 <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	TD PAUOLE, ALVIN H 1778 ALA MOANA BLVD., #2906 HONOLULU HI 96815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer & Director Alvin H. Pauole 1177 Queen St, #2709 Honolulu, HI 96814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COOPER, BRADLEY H 2911 PENNSYLVANIA AVE PHILADELPHIA PA 19130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr. Vice President Bradley H.K. Cooper 2911 Pennsylvania Avenue Philadelphia, PA 19130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ethan Scott K.K. Cooper 1106 W. Abingdon Drive Alexandria, VA 22314 <input type="checkbox"/> Change <input checked="" 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: Bradley H.K. Cooper Bradley H.K. Cooper, V. Pres. & Secretary 3/12/07 215-829-9500